

MDR Tracking Number: M5-02-1901-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that work hardening was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. The **work hardening program** was not found to be medically necessary. The respondent raised other reasons for denying reimbursement for the work hardening program and for physical therapy modalities.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
8-27-01 to 8-31-01 9-24-01 9-28-01	97545WH 97546WH	\$640.00 \$640.00 \$128.00 \$128.00 \$320.00	-0- -0-	U, N	\$64.00/hr minus 20% for Non- CARF = \$51.20/hr	IRO decision	The IRO determined that the work hardening program was not medically necessary and therefore not reimbursable.
10-1-01 to 10-5-01 10-8-01 to 10-11-01 10-12-01		\$640.00 \$1,600.00 \$512.00 \$1,280.00 \$640.00					
10-15-01 to 10-16-01		\$256.00 \$512.00					
10-17-01 to 10-19-01		\$384.00 \$960.00					
9-4-01 thru 9-21-01	97545WH 97546WH	\$1,664.00 \$4,160.00	\$665.60 \$1,664.00	H	Same	MFG Medicine GR II. E.	Documentation submitted supports some work hardening activities; however, all components were not documented such as daily treatment and patient response to treatment. Therefore, additional reimbursement cannot be recommended.

8-29-01 9-4-01 9-24-01 9-28-01 10-2-01 10-10-01 10-12-01 10-16-01 10-17-01 10-18-01	97010 97032 97110 97035	\$60.00 (6x\$10.00 =\$60.00) \$160.00 (8x\$20.00 = \$160.00) \$50.00 \$20.00	\$ -0-	F, A	\$11.00 \$22.00 \$35.00 ea 15 min. \$22.00 ea 15 min	MFG Medicine GR I. A. 10.a.	Physical medicine modalities are inclusive to a work hardening program. Reimbursement is not recommended.
9-21-01 9-25-01 to 9-27-01	97545WH 97546WH	\$128.00 \$256.00 \$384.00 \$960.00	\$ -0-	N	\$64.00/hr minus 20% for Non- CARF = \$51.20/hr	MFG Medicine GR II. E.	Documentation submitted supports some work hardening activities; however, all components were not documented such as daily treatment and patient response to treatment. Therefore, reimbursement cannot be recommended.
TOTAL		\$16,482.00	\$2,329.60				The requestor is not entitled to reimbursement.

This Decision is hereby issued this 20th day of December 2002.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

April 8, 2002

Texas Workers' Compensation Commission
David R. Martinez, Chief
Medical Dispute Resolution
4000 South IH-35, MS 40
Austin, TX 78704-7491

Attention: Margaret Ojeda

Re: Medical Dispute Resolution
MDR #: M5-02-1901-01
IRO Certificate No.: IRO 5055

Dear Ms. Ojeda:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by physician Board Certified in Physical Medicine and Rehabilitation.

THE PHYSICIAN REVIEWER OF THIS CASE AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

MEDICAL CASE REVIEW

This is for ___. I have reviewed the medical information forwarded to me concerning Case File #M5-02-1901-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Medical Dispute request.
2. Table of Disputed Services.
3. Summary report provided by ___.
4. Progress notes from ___.
5. Job description from ___ for a fleet service operator.
6. Pre-authorization request and responses for various services.
7. Required medical evaluation assessment by ___.
8. Summary of billing records.
9. Operative and hospital reports from a lumbar spine fusion surgery at the L4-5 level.
10. Multiple imaging reports of the lumbar spine.

11. Functional capacity evaluation dated February 28, 2002 (second functional capacity evaluation was noted; however, the date of completion was uncertain).
12. Physician peer review by ____.
13. Physician peer review by ____.
14. Initial assessment and progress notes from ____.
15. Daily progress notes from a work hardening program.
16. Physical therapy notes.

B. SUMMARY OF EVENTS:

This is a 55-year-old lady who was an employee of ____ who sustained a lumbar injury while in her job duties. She was initially treated by _____. The care was conservative in nature. After a failure to resolve her symptoms, she was sent for an MRI imaging study which noted a listhesis of the vertebral bodies as well as a broad-based disk bulge. Secondary to these findings and the ongoing complaints, an assessment was completed by _____. _____ recommended surgery, and this procedure was carried out.

This lady, incidentally, was noted to have a significant degenerative joint disease of the bilateral hips. She was doing reasonably well from her lumbar surgical perspective, and in February 2001, underwent a total hip arthroplasty. She had extensive physical therapy subsequent to the lumbar surgery and subsequent to the total hip arthroplasty.

She had an insufficient response to allow her to go to work, and a decision was made to enter her into a work hardening program. She completed the work hardening program; however, was unable to return to work and meet the job description as noted in the documents provided by the employer.

She continued to complain of diffuse hip and back pain, and _____ noted that she was doing reasonably well. It would appear that the fusion mass had solidly healed, and as a sequelae to the total hip arthroplasty, there was a residual bursitis.

C. OPINION:

1. I AGREE WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW (IN THIS CASE, A RETROSPECTIVE PHYSICIAN PEER REVIEW) AGENT IN THIS CASE.
2. The basis for this decision is that it is a reasonable assumption that any additional medical care must have a reasonable presumption of achieving its goal. This is a lady who underwent a significant fusion surgery, and a total hip arthroplasty. There are specific requirements that she be able to lift 75 pounds to shoulder level. With this job requirement and the lumbar surgery completed, it would be a marginal call if she were to be able to

return to this job assignment. However, with the notation of a total hip arthroplasty, given the age of the claimant, the residual symptoms, and the requirements of the position, it is quite clear that she was never going to be able to return to that level of employment.

Furthermore, as noted in the medical fee guideline that was and is currently in effect, specifically Section II.E.1.(a)(b) on page 37, "The entrance/admission criteria shall enable the program to admit persons who are likely to benefit from the program and whose current level of functioning due to illness or injury interferes with their ability to carry out specific tasks required in the workplace." There was no ability for this lady to return to the workplace, given the surgery to the lumbar spine and the surgery to the hip (total hip arthroplasty).

Moreover, while noting that the spine treatment guidelines are no longer in effect, they were in effect at the time of the referral for a work hardening program. Under the spine treatment guidelines, 134.001(E)(2)(L) on page 96, the standards for a work hardening program in a spine treatment case are clearly delineated. These standards have not been met at the time of entrance into the program nor would they have been met with the completion of the program.

Therefore, it is my opinion that the medical necessity for entrance into the work hardening program was not met, and the standards for these programs would not have been met had there been a successful completion of the program.

D. ADDITIONAL COMMENTS:

None.

E. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 4 April 2002