MDR Tracking Number: M5-02-1935-01

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 (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 treatment/services rendered (CPT codes 95851, 97750-MT, 97110, 97139-TN, and 99213) was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the medical necessity fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 1/30/01 to 5/1/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23rd day of April 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and subsequently re-delegated by Virginia May, Deputy Executive Director.

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

Re: AMENDED Medical Dispute Resolution
MDR #: M5-02-1935-01
IRO Certificate No.: I RO 5055

Dear:

___ 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 a practitioner who is a Chiropractor.

THE REVIEWER OF THIS CASE AGREES WITH THE DETERMINATION MADE BY THE RESPONDENT ON THIS CASE.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician 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 TWCC Case #M5-02-1935-01 in the area of Chiropractic. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. TWCC Letter of Assignment for IRO, dated March 28, 2002, one page.
2. A letter from ___, dated 04/04/02, one page.
3. Explanation of Benefits from 01/30/01 to 03/22/01, 22 pages.
4. Pre-authorization request, one page.
5. ___/___, 104 pages.
6. ___, RME Report, dated 06/25/01, 8 pages.

B. SUMMARY OF EVENTS:

The patient is a 48-year-old male who was a security guard for ___. The patient filed a Worker's Compensation claim in reference to a slip and fall on ___. He fell to the ground after exiting a security vehicle and caused injury

to his head, neck and back. Since this injury, he has been under the care of ____.

The purpose of today's review concerns non-payment or disputed charges by the carrier for visits from 01/30/01 to 03/22/01.

C. OPINION:

I AGREE WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE.

The following opinion is directed only for dates between 01/30/01 and 03/22/01.

Temperature gradient studies (93740), computer data analysis (99090), and MT muscle testing (97750): The records reviewed do not support the medical necessity for these procedures.

Joint mobilization of the spine (01/30/01 and 02/15/01): The use of these procedures with office visit code of 99213-MP indicates that manipulation was performed. Thus, in my opinion, this would be a duplication of service or providing a separate therapy with similar results. Joint mobilization of the spine should have accomplished the same therapeutic result as spinal manipulation.

Concerning multiple billings of 97110, therapeutic exercise, for each visit from 01/30/01 to 03/22/01, documentation fails to support the medical necessity of multiple unit billings.

D. 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: 16 April 2002