

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 Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the Commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that there are unresolved fee issues in addition to the medical necessity issues.

The requestor billed CPT code 99211 on 12-19-01, 12-7-01, 12-10-01, 11-29-01, 11-28-01, and 11-27-01. The insurance carrier denied these charges as “F – the medical fee guideline states in the importance of proper coding ‘accurate coding of services rendered is essential for proper reimbursement’. The services performed are not reimbursable as billed.” Daily S.O.A.P notes support services rendered. Recommend reimbursement as billed - \$ 108.00.

The requestor billed CPT code 97265 on 11-28-01, 11-27-01, 11-29-01, 12-7-01, 12-10-01, and 12-19-01. The carrier denied as “F – the medical fee guideline states in the importance of proper coding ‘accurate coding of services rendered is essential for proper reimbursement’. The services performed are not reimbursable as billed.” Daily S.O.A.P notes support services rendered. Recommend reimbursement of \$258.00.

The requestor billed code 97113 on 12-19-01, 12-12-01, 12-17-01 and 12-10-01. The carrier denied these charges as not medically necessary for the additional units. The IRO deemed these additional units as not medically necessary. No additional reimbursement is recommended.

The requestor billed code 97124 on 11-27-01, 11-28-01, 11-29-01, and 12-7-01. The carrier denied these charges as not medically necessary for the additional units. The IRO deemed these additional units as not medically necessary. No additional reimbursement is recommended.

On this basis, the total amount recommended for reimbursement (\$366.00) does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$366.00 plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order. This Order is applicable to dates of service 11-27-01 through 12-19-01 in this dispute.

This Order is hereby issued this 21st day of May 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

January 30, 2003

REVISED

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5-02-2148-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This patient was injured on the job when she tripped over a vacuum cleaner extension cord. She had an immediate onset of pain in her lower back on the right. She also reported immediate pain in the right leg, shooting from the low back. The notes from the treating doctor indicate that there is an increased urinary tendency for the patient since the injury. While the patient was diagnosed with a lumbar disc herniation, no MRI or EMG findings are presented for review.

DISPUTED SERVICES

Massage therapy (2 units) was denied as medically unnecessary on November 27, 28 and 29 as well as December 7, 2001.

Aquatic therapy (3 units), one-on-one, was denied as medically unnecessary for December 10, 12, 17 and 19 of 2001.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This case is actually not so much about whether care was reasonable, but the extent of such care that was allowed. The treating doctor does not document the reasoning behind performing aquatic therapy one-on-one, as opposed to a group setting. This case does not have the need for such intense care. Massage therapy is not documented to be helpful in this patient's condition at this point. Passive therapy may be of benefit, but if the patient is sent into an active program I have no indication from the minimal documentation presented that this is medically necessary. I see no reason for ongoing passive therapy in what seems to be a back strain, lacking documentation otherwise.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,