

M5-02-2195-01

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 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 **medical necessity was the only issue** to be resolved. The Chiropractic treatment/services were found to be medically necessary through 7/30/01. The respondent raised no other reasons for denying reimbursement charges for the Chiropractic treatment/services.

ALL DOS	CPT CODE PER TIMES	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
3/21/01 through 7/30/01	99203x1	\$75.00x1	0.00	U	\$74.00	IRO decision	The IRO determined these chiropractic treatment/services were medically necessary. Therefore, reimbursement is recommended per MAR, amount due: \$17,054.20
	99214x2	\$65.00x2			\$65.00x2		
(All Dates 3/21/01	99244x1	\$150.00x1			\$148.00x1		
3/22/01	99213x20	\$50.00x20			\$48.00x20		
3/23/01							
3/26/01	72100x1	\$30.00x1			\$22.00x1		
3/28/01							
3/30/01	72020x1	\$37.00x1			\$17.00x1		
4/2/01							
4/5/01	72070x2	\$58.00			\$22.00x2		
4/6/01							
4/9/01	72114x1	\$65.00x1			\$44.00x1		
4/11/01							
4/13/01	81000x1	\$20.00x1			\$13.00x1		
4/16/01							
4/18/01	97250x26	\$80.00x26			\$80x26		
4/20/01							
4/23/01	97124x6	\$60.00x6			\$56.00x6		
4/25/01							
4/27/01	97032x6	\$50.00x6			\$44.00x6		
4/30/01							
5/1/01	97035x6	\$50.00x6			\$44.00x6		
5/2/01							

5/4/01	97750x1	\$100.00x1			\$100.00x1		
5/7/01							
5/11/01	99070x4	\$20.00x4			\$20.00x4		
5/14/01							
5/16/01	99080x4	\$15.00x4			\$15.00x4		
5/18/01							
5/21/01	90900x8	\$120.00x8			\$120.00x8		
5/22/01							
5/24/01	97110x20	\$80.00x20			\$70.00x20		
5/25/01							
5/28/01	97116x20	\$80.00x20			\$76.00x20		
5/29/01							
5/30/01	97530x20	\$80.00x20			\$70.00x20		
5/31/01							
6/1/01	97260x41	\$40.00x41			\$35.00x41		
6/4/01							
6/5/01	95851x2	\$36.00x2			\$36.00x2		
6/6/01							
6/7/01					Not CARF		
6/8/01	97545x27	\$128.00x27			\$102.40x27		
6/11/01							
6/12/01					Not CARF		
6/13/01	97546x52	\$64.00x52			\$51.20x52		
6/18/01							
6/19/01	93740x1	\$84.00x1			\$84.00x1		
6/20/01							
6/21/01							
6/22/01							
6/25/01							
6/26/01							
6/27/01							
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7/13/01							
7/16/01							
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7/27/01							
7/30/01)							
8/1/01	97260x6	\$40.00	0.00	U	\$35.00x6 (\$210.00)	IRO decision	The IRO determined these dates of service for chiropractic treatment/ services were not medically necessary and therefore not reimbursable.
8/3/01							
8/6/01							
8/8/01							
8/10/01							
8/14/01							
TOTAL		\$19,750.00					The requestor is entitled to reimbursement of \$17,054.20

This Finding and Decision is hereby issued this 2nd day of, October 2002.

Medical Dispute Resolution Officer

Medical Review Division

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees (\$17,054.20). Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for 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 \$17,054.20 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 3/21/01 through 7/30/01 in this dispute and IRO fee.

This Order is hereby issued this _____ day of, September 2002.

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division

8/7/03 - State Office of Admin Hearing ruled that reimbursement to the Requestor was due.



TEXAS
WORKERS' COMPENSATION COMMISSION
SOUTHFIELD BUILDING, MS-48, 4000 SOUTH IH-35, AUSTIN, TEXAS 78704-7491
(512) 804-4800

MEMORANDUM

DATE: 9 / _____ / 2002

TO: Austin Commission Representative, Box # 11

CARRIER: / Cunningham Lindsey

FROM: Medical Review Division, 8th Floor, Suite 814

RE: NOTICE of Independent Review Organization and
Medical Dispute Resolution DECISION & ORDER

This memorandum shall serve as your notice to present yourself to the Mail Room Service Counter:

(X) An IRO and MDR Decision & Order.

The above referenced document has been issued in a medical dispute case review pertaining to the following claimant and insurance carrier:

IDENTIFIER

MDR TRACKING #: M5-02-2195-01
TWCC FILE #:
CLAIMANT:
DOI:
SSN:
SERVICE FROM: 3/21/01
SERVICE TO: 8/14/01

I, the undersigned Representative of the above referenced insurance carrier, do hereby acknowledge receipt of the IRO and MDR Decision & Order applicable to a medical dispute resolution request solicited by the requestor.

Receipt of this Decision & Order is hereby acknowledged this _____ day of _____ 2002.

Signature of Commission Representative: _____

Printed Name of Commission Representative: _____