

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO.: 453-03-0938.M5

MDR Tracking Number: M5-02-2254-01

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 the MRI rendered was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the MRI rendered was the only fee involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for date of service 8/4/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23rd day of July 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, 7/23/02.

NOTICE OF INDEPENDENT REVIEW DECISION

CORRECTED LETTER
NOTE: Dates of Service

June 4, 2002

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

RE: MDR Tracking #: M5-02-2254-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

Clinical History

This 47 year old male presented to ___ on 07/12/01 for an injury that occurred on ___. The back injury occurred at work while moving furniture up the stairs. The medical record documentation states that he was moving a total of 7 pieces. During the move he was the one who had to bend forward and lift. As the day progressed, he felt pain in his low back and severe pain after work. He was given a diagnosis of lumbar disc displacement without myopathy, nerve root compression, and deep/superficial muscle spasms.

Requested Service(s)

Services billed between 07/12/01 and 11/13/01, as delineated below.

Decision

The only dates of service in review that are medically necessary and properly documented are 09/19/01, 11/09/01, and 11/13/01 for (99213) Office Visit.

The remaining disputed services provided between 07/12/01 and 11/13/01 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The SOAP note documentation supports the rationale and objective findings to document the office visits for 09/19/01, 11/09/01, and 11/13/01 for (99213) Office Visit.

The (97265) Joint Mobilization for DOS 07/12/01 was not medically necessary because the SOAP notes document a manipulation and mobilization both being performed on the same date of service. The manipulation was medically necessary, however, performing both modalities to the same body area on the same date of service is not medically necessary.

The next dates of service are 07/13/01, 07/27/01, and 08/10/01 (95851) Range of Motion Measurement. This procedure was medically necessary, however, it is inclusive with the office visit (99213).

The next dates of service are 07/16/01, 07/30/01, and 09/04/01 Muscle Testing (97750-MT). This was medically necessary, however, it was an integral part of the office visit (99213) for 07/16/01 and 07/30/01.

The next dates of service are 07/17/01 and 09/17/01 Initial Medical Report (99080-73) were not medically necessary because the documentation was not complete.

The next disputed services were from 08/01/01 to 09/05/01 Therapeutic Exercises (97710). The SOAP notes dated 08/01/01 to 09/05/01 remain almost verbatim except for slight pain scale changes. These notes do not offer significant objective evidence of changes in the patient's condition to medically necessitate the therapeutic exercises to be one on one.

The next date of service is 08/14/01 for CPT codes 99213, 97265, 97122, 97710, and 97750-MT. This date of service was over a month post injury. The supporting documentation does not validate treatment on a daily basis at

this point in the treatment plan and is deemed not medically necessary.

The next dates of service in dispute are 09/18/01 to 11/07/01 for Work Hardening (97545-WH) and (97546-WH). The medical record documentation does not address the need or function of work hardening in regards to the patient. The documentation does not contain any records in reference to the stated dates of service for work hardening.

Therefore, it is determined that the only services billed between 07/12/01 and 11/13/01 that were medically necessary to treat this patient's condition, were the office visits (99213) billed on 09/19/01, 11/09/01 and 11/13/01.

Sincerely,