

MDR Tracking Number: M5-02-2695-01

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 did not clearly determine 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 physical therapy sessions were found to be medically necessary. The office visits on 8-15-01 and 8-17-01 were found to be not medically necessary.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
6-25-01 through 8-1-01	97113	\$5044.00 (\$52.00 x 97)	\$0.00	T	\$52.00 ea 15 min	IRO decision	The IRO determined that the physical therapy sessions were medically necessary and therefore reimbursable. Recommend reimbursement of \$5,044.00.
8-15-01 and 8-17-01	99213	\$96.00 (\$48.00 x 2)	\$0.00	T	\$48.00	IRO decision	The IRO determined that these two office visits were not medically necessary and therefore not reimbursable. No reimbursement is recommended.
9-10-01 through 9-14-01	97110 97112	\$315.00 (\$35.00 x 9) \$210.00 (\$35.00 x 6)	\$0.00	T	\$35.00 ea 15 min \$35.00 ea 15 min	IRO decision	The IRO determined that the physical therapy sessions were medically necessary and therefore reimbursable. Recommend reimbursement of \$525.00.

TOTAL	\$5,665.00	\$0.00	The requestor is entitled to reimbursement of \$5,569.00.
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On this basis, the total amount recommended for reimbursement (\$5,569.00) represents a majority of the medical fees of the disputed healthcare and therefore, the requestor prevails in the IRO decision. Subsequently, the requestor is owed a refund of the paid IRO fee of \$460.00.

The above Findings and Decision are hereby ordered this 15th day of October 2002.

Dee Z. Torres  
 Medical Dispute Resolution  
 Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) 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 6-25-01 through 9-14-01 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order per Rule 133.307(j)(2).

This Order is hereby issued this 15th day of October 2002.

Roy Lewis, Supervisor  
 Medical Dispute Resolution  
 Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

AMENDED LETTER  
 NOTE: Office Visits Dates

September 23, 2002

Rosalinda Lopez  
 Program Administrator  
 Medical Review Division  
 Texas Workers Compensation Commission  
 4000 South IH-35, MS 48  
 Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2695-01  
 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 40 year old male sustained a work-related injury on \_\_\_ when the work vehicle in which he was riding was struck by another vehicle. Subsequent to the accident, the patient complained of pain in the cervical, thoracic and lumbar spine. The chiropractic treatment plan included physical therapy visits on dates of service from 06/25/01 through 09/14/01 and office visits on 08/15/01 and 08/17/01.

### Requested Service(s)

Physical therapy visits on dates of service from 06/25/01 through 09/14/01 and office visits on 08/15/01 and 08/17/01

### Decision

It has been determined that the physical therapy visits on dates of service from 06/25/01 through 09/14/01 were medically necessary.

It has been determined that the office visits on 08/15/01 and 08/17/01 were not medically necessary.

### Rationale/Basis for Decision

The North American Spine Society (NASS) introduced the NASS Phase III Clinical Guidelines for multidisciplinary spine care specialist in 2000. In these guidelines, aquatic therapies are utilized as a medium to perform positional exercises in a safe and effective manner in both primary and secondary phases of care. Early application of therapeutic activities and exercises is absolutely critical for the overall well being of the patient. There was no change in the patient's symptoms or the treatment plan that warranted the office visits on 08/15/01 and 08/17/01. Therefore, the physical therapy visits on dates of service from 06/25/01 through 09/14/01 were medically necessary. However, the office visits on 08/15/01 and 08/17/01 were not medically necessary.

Sincerely,