

MDR Tracking Number: M5-02-2840-01

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 requestor submitted the request for medical dispute resolution and it was received in the Medical Review Division on 7-2-02. Per Rule 133.305(d)(1), dates of service prior to 7-2-01 were submitted untimely and will not be considered in this Decision.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 not the only issue** to be resolved.

The Table of Disputed Services indicated that CPT code 99213-MP, 97012, 97010, 97024 rendered from 7-3-01 to 3-29-02 were denied reimbursement based upon EOB denial codes: "N" and "D". These services will be reviewed in accordance with the Commission's *Medical Fee Guideline*.

On March 20, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The requestor did not submit any documentation to support the disputed services; therefore reimbursement is not recommended.

This Decision is hereby issued this 1st day of July 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

March 5, 2003

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

RE: MDR Tracking #: M5-02-2840-01
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 57 year old female sustained a work-related injury on ___ when she slipped in the parking lot at the place of her employment and fell onto her knees. The patient complained of cervical, thoracic, and lumbar pain. The patient was receiving chiropractic care from 04/01/02 through 05/22/02, and received office visits with manipulation and physical therapy.

Requested Service(s)

Office visits with manipulation and physical therapy provided from 04/01/02 through 05/22/02.

Decision

It is determined that the office visits with manipulation and physical therapy provided from 04/01/02 through 05/22/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation contains no subjective or objective findings to substantiate the medical necessity for manipulations and physical therapy provided from 04/01/02 through 05/22/02. There are no objective findings such as pain level, range of motion findings, strength testing or neurological findings to indicate the necessity for treatment. There is no documentation present to indicate that the treatments were of benefit to the patient. In addition, there is no evidence that the patient had an aggravation of her previous injuring in order to require therapy from 04/01/02 through 05/22/02. Therefore, the office visits with manipulation and physical therapy provided from 04/01/02 through 05/22/02 were not medically necessary.

Sincerely,