

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 not the only issue** to be resolved. There is still an unresolved fee dispute.

CPT codes 99213, 97110, 97112, 97035, and 97018 were billed on 12-12-01, 12-17-01, 12-19-01, 1-11-02, and 1-18-02 and a partial payment was made with denial code “C – paid in accordance with affordable PPO.” CPT code 99455 was billed on 2-8-02 and a partial payment was made with denial code “C – paid in accordance with affordable PPO.” Per TWCC Rule 413.016 (b) ...If the insurance carrier reduced a charge of a health care provider that was within the guidelines, the insurance carrier shall be directed to submit the difference to the provider unless the reduction is in accordance with an agreement between the health care provider and the insurance carrier.” PPO reductions are not valid medical disputes and must be addressed with the insurance carrier. Therefore, all disputed dates of service with denial code of “C” will not be addressed in this dispute.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1/21/02	99213 97110 97112 97018	\$ 48.00 \$280.00 \$ 35.00 \$ 20.00	0.00	No EOB	\$ 48.00 \$ 35.00/ 15 min \$ 35.00/ 15 min \$ 16.00	MFG E/M VI B; Med. GR I A 10 a	No documentation was submitted to support services rendered. Therefore, no reimbursement recommended.
1/25/02	99213	\$ 48.00	0.00	No EOB	\$ 48.00		
1/25/02	97110 97112 97018	\$280.00 \$ 35.00 \$ 20.00	0.00	V	\$ 35.00/ 15 min \$ 35.00/ 15 min \$ 16.00	IRO Decision	The IRO determined that the physical therapy treatment was medically necessary. Recommend reimbursement of \$280.00 + \$ 35.00 + \$ 20.00 = \$335.00.
TOTAL		\$766.00					The requestor is entitled to reimbursement of \$335.00.

On this basis, the total amount recommended for reimbursement \$335.00 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 \$335.00 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 1-21-02 through 1-25-02 in this dispute.

This Order is hereby issued this 12th day of March 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 30, 2002

Requester/ Respondent Address: Rosalinda Lopez
TWCC
4000 South IH-35, MS-48
Austin, Texas 78704-7491

RE: MDR Tracking #: M5-02-2863-01
IRO Certificate #: 5242

___ 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 proposed 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 chiropractic physician reviewer. The chiropractic physician reviewer 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

The claimant was at work on ____, when he tripped over a scaffold pole and hit a pipe. He also jammed his right ring finger in the process. The claimant reported to the company doctor who gave him Celebrex and returned him to work. The claimant then sought treatment with the chiropractor on 11/05/2002. The Chiropractor diagnosed the claimant with a contusion to the chest and to the right fourth digit, a thoracic spine and right hand sprain/strain and to rule out intervertebral disc disorder of the thoracic spine. A MRI was performed on 12/18/2001, which revealed no positive findings. The patient returned to work during the week of 01/07/2002. He was treated for two (2) more weeks. Then the claimant was given a 0% whole person impairment.

Requested Service(s)

Please review and address the medical necessity of the services requested from 01/25/2002 to 02/08/2002.

Decision

I disagree with the insurance company and agree with the treating doctor that the services rendered were medically necessary.

Rationale/Basis for Decision

The patient was treated with active and passive care for eight (8) weeks before he was returned to work. After that point, his pain was reduced to a one (1) out of ten (10), with ten (10) out of ten (10) being the worst. The claimant was treated four (4) more times, and then given an exit examination. These additional four (4) sessions appear reasonable and medically necessary. No over-utilization was found anywhere in the submitted documentation.

This decision by the IRO is deemed to be a TWCC decision and order.

<p>In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requester and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 30th day of December 2002.</p>
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