

MDR Tracking Number: M5-02-3282-01

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 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 following table identifies the disputed services that were denied reimbursement based upon, "No EOB" or "F". These services will be reviewed in accordance with the Commission's *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
11-21-01 1-2-02 1-28-02 1-30-02 2-20-02 2-25-02 2-27-02	99213MP	\$48.00	\$0.00	No EOB	\$48.00	Medicine GR (I)(B)(1)(b)	Reports for dates 2-25 and 2-27 were not submitted to support billed service.  The requestor supported the other 99213MPs; therefore, reimbursement of 5 X \$48.00=\$240.00 is recommended.
12-31-01	99215MP	\$103.00	\$0.00	F	\$103.00	Medicine GR (I)(B)(1)(b)	Documentation supports billed service; reimbursement of \$103.00 is recommended.
TOTAL:							The requestor is entitled to reimbursement of \$343.00.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$343.00 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 11-2-01 through 4-3-02 in this dispute.

This Order is hereby issued this 2<sup>nd</sup> day of July 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

February 6, 2003

Re: Medical Dispute Resolution  
MDR #: M5-02-3282-01  
IRO Certificate No.: IRO 5055

Dear

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine

Clinical History:

This male claimant was injured while on his job on \_\_\_\_. Initial treatment included physical therapy, medication, exercise, rehabilitation and a work hardening program, as well as lumbar facet injections.

Disputed Services:

Office visits and FCE from 11/21/01 through 04/03/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the office visits and FCE were not medically necessary in this case.

Rationale for Decision:

This patient received fourteen treatments prior to the dates of treatment in dispute. The office notes and examination forms reviewed for the period of 11/21/01 through 04/03/02 did not provide sufficient clinical documentation to warrant additional and ongoing chiropractic care in this case. With insufficient positive objective findings and documentation, it is not reasonable or

medically necessary for this patient to receive ongoing chiropractic care at approximately two times per week, approximately one year post injury date.

Also, the records indicate the patient had received two previous FCE's, the last one done at the conclusion of a work hardening program that placed him at a medium job classification. Given this fact, there was no clinical justification for an additional FCE to be performed on 02/27/02.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,