

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 prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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 office visits from 12-7-01 through 8-21-02, the office consultation on 8-7-02, the ultrasound, massage, physical performance tests, and therapeutic exercises from 4-19-02 through 5-27-02 were found to be medically necessary. The office consultations on 7-10-02 and 7-24-02, the group therapeutic procedures from 4-19-02 through 5-27-02, the neuromuscular stimulator on 11-30-01, the DME on 12-7-01, 2-28-02, 7-10-02, and 7-24-02, and the special reports on 4-4-02, 6-26-02, 7-24-02, and 8-21-02 were not found to be medically necessary. Service date 9-5-02 was withdrawn. The respondent raised no other reasons for denying reimbursement for these service charges.

The above Findings and Decision are hereby issued this 5th day of August 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
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 11-30-01 through 8-21-02 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 (Rule 133.307(j)(2)).

This Order is hereby issued this 5th day of August 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/DZT

July 30, 2003

3rd AMENDED CORRESPONDENCE

Re: Medical Dispute Resolution
MDR #: M5-03-0675-01
IRO Certificate No.: IRO 5055

___ 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:

On ___, this 38-year-old male claimant suffered a work-related accident, resulting in injury and fractures to his foot, ankle, back, and wrist. Due to the number of problems this patient had, his treating physician managed his care through referrals to different specialists in diagnostic centers.

Disputed Services:

Chiropractic treatments and services during the period of 11/30/01 through 08/21/02.

Decision & Rationale:

The reviewer partially agrees with the determination of the insurance carrier. The opinion and rationale of the reviewer is as follows:

- **Office visits (13) Codes 99213 & 99212, from 12/07/01 through 08/21/02, were medically necessary.** This patient had a number of problems that resulted in a number of referrals from the treating doctor. The office visits reviewed appear to

- be in line with the expected usual, customary, and medically necessary for an individual with this number of problems and referrals.
- **Consultations Code 99241, on 08/07/02, were medically necessary.** The documentation provided does support this level of service on these dates.
- **Consultations (2) Code 99241, on 07/10/02 & 07/24/02 were not medically necessary.** The documentation provided does not support this level of service on these dates.
- **Ultrasound (14) Code 97035, Massage (9) Code 97124, Physical Performance Testing (3) Code 97750 were medically necessary.** Documentation provided supports the medical necessity of these procedures.
- **Therapeutic Exercise (36 units/15 days) Code 97110, from 04/22/02 through 05/27/02 was medically necessary.** The records reviewed supported the multiple units as medically necessary.
- **Therapeutic Procedures Group (14) Code 97150, from 04/19/02 through 05/27/02 was not medically necessary.** This level of service on the dates indicated appears to be a duplication of Therapeutic Exercise.
- **Neuromuscular Stimulator (1) Code E0745, on 11/30/01 was not medically necessary.** Currently, both the National Institute of Health and The National Institute of Neurology Disorders and Strokes, list the neuromuscular stimulators as investigational use only for certain conditions, not including the conditions listed for this patient. Medicare has recently listed neuromuscular stimulators as acceptable treatment on 04/01/03. Acceptable treatment includes muscle atrophy for use for walking patients with spinal cord injury. Documentation provided fails to support the medical necessity of this device.
- **Durable Medical Equipment (4), Codes 99070 and 99074, on 12/07/01, 02/28/02, 07/10/02 and 07/24/02, were not medically necessary.** The documentation provided did not support the medical necessity of supplies and materials on the dates listed.
- **Special Reports, Code 99080, on 04/04/02, 06/26/02, 07/24/02, and 08/21/02 were not medically necessary.** These reports were not provided, identified or found in the records presented for review.

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,