

MDR Tracking Number: M5-03-1520-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General 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. This dispute was received on 2-18-03.

The IRO reviewed chiropractic treatment rendered from 5-2-02 through 5-16-02 that were denied based upon "U".

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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On May 14, 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 following table identifies the disputed services and Medical Review Division's rationale:

Neither party submitted EOBs to support services identified as "No EOB"; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
5/9/02	99211	\$18.00	\$0.00	No EOB	\$18.00	Evaluation & Management GR (IV)	SOAP note supports level of service billed per MFG; therefore, reimbursement is recommended of \$18.00.
	97113 (X4)	\$208.00			\$52.00 / 15 min	Medicine GR (I)(A)(9) B)	SOAP note supports level of service billed per MFG; therefore, reimbursement is recommended of \$208.00.
TOTAL							The requestor is entitled to reimbursement of \$226.00 .

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 5-2-02 through 5-16-02 in this dispute

This Decision and Order is hereby issued this 26th day of November 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 9, 2003

Re: IRO Case # M5-03-1520

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas, and who also is a licensed strength and conditioning specialist. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured her low back and right shoulder/arm when she slipped and fell on a wet surface on _____. She tried to get up and slipped and fell again. She sought treatment from the treating doctor on 8/13/97.

Requested Service

Office visits, phonophoresis, therapeutic procedure, aquatic therapy 5/2/02, 5/8/02, 5/10/02-5/16/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The records presented for this review indicate that the patient was benefiting from medication prescribed for her prior to her visit to the treating doctor on 4/12/02. The documentation indicates that the patient has chronic shoulder and lower back pain from an injury that occurred some five years earlier. The use of therapeutic exercises, aquatic therapy and phonophoresis in this case is questionable. It is well-documented that spinal manipulation and joint mobilization is the effective treatment for relief of back and joint pain, yet no documentation was presented that this was performed by the treating doctors of chiropractic. Chronic recurring back pain and shoulder pain respond very well to cost-effective spinal manipulation, joint mobilization, various soft tissue techniques, and a home-based exercise program. It appears from the documentation provided that the most effective, clinically proven means of alleviating this patient's symptoms was not considered. Instead, a costly aquatic/exercise program was initiated, that according to the documentation provided, failed to relieve symptoms and improve function. The patient presented with very mild complaints of low back pain and shoulder pain, and she should have responded very well to the treatment described above. Instead, the treatment chosen was inappropriate, and failed to be beneficial to the patient. The documentation provided failed to show how the disputed services were necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,