

MDR Tracking Number: M5-03-2660-01

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 06-23-03.

The IRO reviewed office visits rendered from 02-14-03 through 03-28-03 that were denied based upon "V".

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

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 September 16, 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:

| DOS | CPT CODE | Billed | Paid | EOB Denial Code | MARS (Maximum Allowable Reimbursement) | Reference | Rationale |
|----------|----------|----------|------|-----------------|--|-----------------------|---|
| 12-18-02 | 99080 | \$7.00 | 7.00 | | \$7.00 | | Disputed service paid per EOB submitted by carrier. |
| 02-28-03 | 99213MP | \$48.00 | 0.00 | No EOB | \$48.00 | MFG E/M GR (IV)(C)(2) | SOAP notes do not support delivery of service. No reimbursement recommended |
| 03-12-03 | 73721-27 | \$756.00 | 0.00 | F | \$756.00 | MFG (II) (C)(3) | MRI report not submitted to support delivery of service |
| TOTAL | | \$811.00 | | | | | The requestor is not entitled to reimbursement. |

This Decision is hereby issued this 16th day of January 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 8, 2003

Re: IRO Case # M5-03-2660

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, Rule 133.308 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 had been admitted to the TWCC Approved Doctor List. 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 lower back, right knee and right ankle on ___ when she slipped and twisted her body as she climbed wet steps. It is not clear from the documentation presented for this review when the patient first presented for chiropractic treatment. From the documentation provided for review, it appears that the patient was treated on an irregular basis through 3/28/03.

Requested Service(s)

Office visit with manipulations 2/14/03, 2/21/03, 3/6/03, 3/14/03, 3/28/03

Decision

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

Rationale

The documentation provided by the treating chiropractor is very vague and repetitive. It lacks objective, quantifiable findings such as specific ranges of motion, graded muscle spasms and degree of ligament sprain. The documentation lacked specific orthopedic tests to determine the type of injuries that the patient sustained. These are necessary to form a working diagnosis. Reporting that the patient had spasms and tenderness and reduced ranges of motion is too generalized to support the necessity of treatment.

The patient's pain scale index remained the same from 12/21/02 through 3/28/03. It was 7/10 for the right knee, 3/10 for the right ankle and 4/10 for the lower back. Treatment from 12/31/02 through 3/28/03 provided no relief of symptoms or improved function. With a persistent red, warm and swollen right knee and a pain index of 7/10, an MRI should have been performed earlier. The MRI on ___, some 10 months post injury, revealed both medial and lateral collateral ligament tears, and thus it was probably not a chiropractic issue. This was probably a surgical issue as far as the knee was concerned. I question the treatment protocol for this patient's injuries. The documentation indicates that joint mobilization was the only form of treatment performed on the patient's back, knee and ankle. This form of therapy would be contraindicated on a knee and ankle that was red, warm and swollen. The documentation failed to show how the disputed services were appropriate or necessary.

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

Sincerely,