

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-4215.M5**

MDR Tracking Number: M5-04-0034-01

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, 133.307 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 September 2, 2003.

The IRO reviewed therapeutic exercises, therapeutic activities, physical performance test, DME, range of motion testing, muscle testing rendered from 8/15/02 through 9/18/02 denied as "U".

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

The DME was found to be medically necessary.

The therapeutic activities and exercises, non-emergency ancillary parking fees, range of motion, limb muscle testing and physical performance test was not found to be medically necessary.

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 December 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.

Both the requestor and respondent failed to submit copies of EOBs for the dates of service noted below, therefore, the disputed charges will be reviewed according to the Medical Fee Guideline.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
9/27/02	97530	\$172.00	\$0.00	No EOB	\$172.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a) &amp; (I)(A)(11)(b)</u>	The requestor failed to submit relevant information to support delivery of service. Reimbursement is not recommended for the disputed charge.
	97110	\$160.00	\$0.00	No EOB	\$140.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(b), (I)(A)(10)(a) &amp; (I)(A)(11)(a)</u>	The requestor failed to submit relevant information to support delivery of service. Reimbursement is not recommended for the disputed charge.
	A0170	\$8.16	\$0.00	No EOB	DOP	<u>MFG, General Instructions Ground Rule (III) &amp; (VI)</u>	The requestor failed to submit relevant information to support delivery of service. Reimbursement is not recommended for the disputed charge.
11/4/02	E0745	\$350.00	\$150.00	No EOB	DOP	<u>MFG, General Instructions Ground Rule (III) &amp; (VI)</u>	The requestor failed to submit relevant information to support delivery of service. Additional reimbursement is not recommended for the disputed charge.
8/19/02	E1399	\$45.00	\$0.00	No EOB	DOP	<u>MFG, General Instructions Ground Rule (III) &amp; (VI)</u>	The requestor failed to submit relevant information to support delivery of service. Reimbursement is not recommended for the disputed charge.
9/13/02	E1399	\$350.00	\$150.00	No EOB	DOP	<u>MFG, General Instructions Ground Rule (III) &amp; (VI)</u>	The requestor failed to submit relevant information to support delivery of service. Additional reimbursement is not recommended for the disputed charge.
TOTAL		\$1,085.16	\$300.00		\$312.00		The requestor is not entitled to reimbursement.

### 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 date of service 8/19/02 this dispute.

This Order is hereby issued this 30<sup>th</sup> day of January 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

February 6, 2004

Rosalinda Lopez  
Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

**RETRACTION OF REVISED REPORT OF 12/15/03  
Per TWCC request via e-mail on 01/28/04  
This is the original report submitted on 12/10/03.**

Re: Medical Dispute Resolution  
MDR #: M5-04-0034-01  
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

\_\_\_ 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 patient suffered a work-related injury on \_\_\_. He injured his low back and strained his neck. He experienced bilateral leg pain immediately following the accident. He has received chiropractic adjustments, physical rehab, NMS, ultrasound and massage therapy. He has also received an epidural steroid injection and a prescription for Celebrex.

**Disputed Services:**

Non-emergency ancillary parking fees, therapeutic exercises, therapeutic activities, physical performance testing, DME, range of motion testing, and muscle testing during the period of 08/15/02 through 09/18/02.

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that the DME were medically necessary. The therapeutic activities and exercises, reimbursement of travel expenses, range of motion exercises, limb muscle testing and physical performance testing were not medically necessary in this case.

**Rationale:**

The products, nutritional supplements, a cold pack, a lumbar support, and Bio-Freeze are commonly used and beneficial to patients with this injury and diagnosis.

From the documentation provided, it is difficult to determine the medical necessity of the therapeutic activities and therapeutic exercises. The documentation gives a list of activities; however, daily rehab notes, such as time in and out, exercises performed, how the patient tolerated them, what amount of weights were used, duration of rehab, etc., were not recorded. Also, the documentation was not signed by the doctor or staff to verify treatment.

Range of motion testing was done as part of the initial exam on 08/15/03. No documentation was provided to justify the separate tests (ROM, muscle testing, and physical performance) done on 08/19/02.

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,