

MDR Tracking Number: M5-04-0047-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 9-2-03.

The IRO reviewed joint mobilization, therapeutic exercises, group therapy, myofascial release, ROM, muscle testing, and special reports from 9-4-02 through 12-17-02.

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.

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

On 6-6-03, 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 (Max. Allowable Reimbursement)	Reference	Rationale
10-8-02	95851 95851	\$40.00 \$40.00	\$0.00	F	\$36.00	Rule 133.307(g)(3) (A-F)	Relevant information supports delivery of service. Recommend reimbursement of \$72.00.
10-8-02	97750-MT (2)	\$86.00	\$0.00	F	\$43.00 ea body area		Relevant information supports delivery of service for one body area only. Recommend reimbursement of \$43.00.
TOTAL		\$166.00	\$0.00				The requestor is entitled to reimbursement of \$115.00.

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 Order is applicable for dates of service 9-4-02 through 12-17-02 in this dispute.

This Order is hereby issued this 22nd day of March 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

December 1, 2003

Re: MDR #: M5-04-0047-01
IRO Certificate No.: IRO 5055

REVISED REPORT Note revisions to Disputed Services

___ 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 claimant suffered a work-related crushing injury on ___. He was initially evaluated in the emergency department and transferred to the hospital for further evaluation. He was hospitalized for approximately five days. Additional evaluation and an aggressive chiropractic treatment program was begun.

Disputed Services:

Joint mobilization, therapeutic exercises, group therapy, myofascial release, range of motion, muscle testing, and special report during the period of 09/04/02 through 12/17/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatments and services in question were medically necessary in this case.

Rationale:

Initial evaluation revealed significant objective findings that warranted an additional trial of chiropractic care and therapy. Over the course of treatment, appropriate diagnostic testing was performed that revealed significant documented problems.

Improvement was documented, which further justified the treatment plan. National Treatment Guidelines allow for chiropractic care and passive and active therapy to be utilized to treat injuries of this nature. Appropriate referrals were made that assisted in the patient's recovery. In conclusion, all denied treatment was reasonable, usual, customary and medically necessary for the treatment of this patient's on-the-job injury. There is sufficient documentation on each date of service to justify the treatment that was rendered.

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,