

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER: 453-04-5358.M5

MDR Tracking Number: M5-04-0130-01

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 9-9-03.

The IRO reviewed sensory nerve conduction testing and sterile needles on 5-16-03.

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 2-18-04, 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	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
5-16/03	95900-WP	\$260.00 (4)	\$115.20	F, C	\$64.00 ea nerve	Rule 133.307(g)(3) (A-F)	Requestor did not challenge carrier's denial rationale or dispute the existence of a contract. Neither party submitted a copy of a negotiated contract. Therefore, no reimbursement recommended.
	95904-WP	\$260.00 (4)	\$115.20	F,C	\$64.00 ea nerve		
	95935-WP	\$240.00 (4)	\$95.40	F, C	\$53.00 H study \$53.00 F study		

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
	95861-WP	\$200.00	\$0.00	K	\$200.00	Rule 133.307(g)(3) (A-F)	Requestor submitted certification of completion of 120-hours postgraduate training program in electrodiagnosis from a professionally accredited institution. Relevant information supports delivery of services. Recommend reimbursement of \$200.00
	99244	\$148.00	\$0.00	N	\$148.00	Rule 133.307(g)(3) (A-F)	This code requires comprehensive history, comprehensive exam, and medical decision making of moderate complexity. Relevant information does not support level of service. No reimbursement recommended.
	A4556 A4558	\$100.00 \$30.00	\$0.00	G	DOP	Rule 133.307(g)(3) (A-F)	DME is not global. Requestor failed to submit relevant information to support delivery of services. No reimbursement recommended.
TOTAL		\$1,238.00	\$325.80				The requestor is entitled to reimbursement of \$200.00.

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 date of service 5-16-03 in this dispute.

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

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

**Amended Letter
Note: Decision**

November 19, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-0130-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury to his right shoulder on ___, mechanism unknown. He had seen a chiropractor for treatment. He has been on narcotic and anti-inflammatory medications.

Requested Service(s)

Sterile needles and sensory nerve conduction testing on 05/16/03

Decision

It is determined that the sterile needles and sensory nerve conduction testing on 05/16/03 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The upper extremity electro-diagnostic examination performed on 05/16/03 revealed mild involvement. It was performed by a physician who was on approved status with the commission and had fulfilled all requirements of the Texas Board of Chiropractic Examiners to be able to perform needle electro-diagnostic studies. National treatment guidelines allow for electro-diagnostic testing in injuries of this nature. Sufficient documentation was provided to warrant testing and sterile needles are utilized to perform this testing. Therefore, it is determined that the sterile needles and sensory nerve conduction testing on 05/16/03 were medically necessary.

Sincerely,