

MDR Tracking Number: M5-04-0259-01

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 09-22-03.

The IRO reviewed neuromuscular re-education, myofascial release, office visits with manipulation, office visits-established patient, hot/cold pack therapy, diagnostic radiology of spine/pelvis, special reports, supplies and materials, ultrasound, manual traction, analysis of information, team conference, mechanical traction, training in activities of daily living and kinetic activities rendered from 03-24-03 through 05-16-03 that was denied based upon "V".

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.

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 02-23-04, 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	MARS	Reference	Rationale
4-18-03 through	99213-MP	\$96.00 (1 unit)	\$0.00	No EOB	\$48.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to

4-23-03 (2 DOS)		@ \$48.00 X 2 DOS)					support delivery of service. Reimbursement recommended in the amount of \$48.00 X 2 DOS = \$96.00
4-18-03	97010	\$11.00 (1 unit)	\$0.00	No EOB	\$11.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$11.00

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Reference	Rationale
4-18-03 through 4-23-03 (2 DOS)	97112	\$280.00 (4 units @ \$140.00 X 2 DOS)	\$0.00	No EOB	\$35.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$140.00 X 2 DOS = \$280.00
4-18-03 through 4-23-03 (2 DOS)	97250	\$86.00 (1 unit @ \$43.00 X 2 DOS)	\$0.00	No EOB	\$43.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$43.00 X 2 DOS = \$86.00
4-18-03 through 4-23-03	97035	\$40.00 (1 unit @ \$20.00 X DOS)	\$0.00	No EOB	\$22.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$20.00 X 2 DOS = \$40.00
4-23-03	97122	\$35.00 9(1 unit)	\$0.00	No EOB	\$35.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$35.00
5-21-03 through 5-27-03 (4 DOS)	99213- MP	\$192.00 (1 unit @ \$48.00 X 4 DOS)	\$0.00	L	\$48.00	Rule 133.307 (g)(3)(A-F)	Per TWCC records requestor was treating doctor; therefore, reimbursement

							recommended in the amount of \$192.00
5-21-03 through 5-27-03 (4 DOS)	97012	\$160.00 (2 units @ \$40.00 X 4 DOS)	\$0.00	L	\$20.00	Rule 133.307 (g)(3)(A-F)	Per TWCC records requestor was treating doctor; therefore, reimbursement recommended in the amount of \$160.00
5-21-03 through 5-27-03	97530	\$280.00 (2 units @ \$70.00 X 4 DOS)	\$0.00	L	\$35.00	Rule 133.307 (g)(3)(A-F)	Per TWCC records requestor was treating doctor; therefore, reimbursement recommended in the amount of \$280.00
5-21-03 through 5-27-03 (4 DOS)	97035	\$80.00 (1 unit @ \$20.00 X 4 DOS)	\$0.00	L	\$22.00	Rule 133.307 (g)(3)(A-F)	Per TWCC records requestor was treating doctor; therefore, reimbursement recommended in the amount of \$80.00

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
5-21-03 through 5-27-03 (4 DOS)	97250	\$172.00 (1 unit @ \$43.00 X 4 DOS)	\$0.00	L	\$43.00	Rule 133.307 (g)(3)(A-F)	Per TWCC records requestor was treating doctor; therefore, reimbursement recommended in the amount of \$172.00
6-2-03	99212	\$40.00 (1 unit)	\$0.00	L	\$32.00	Rule 133.307 (g)(3)(A-F)	Per TWCC records requestor was treating doctor; therefore, reimbursement recommended in the amount of \$32.00
6-6-03	99090	\$125.00 (1 unit)	\$0.00	L	DOP	Rule 133.307 (g)(3)(A-F)	Per TWCC records requestor was treating doctor; therefore, reimbursement recommended in the amount of \$125.00
6-6-03	99080-73	\$15.00	\$0.00	L	\$15.00	Rule 133.106(f)	Per TWCC records requestor was treating doctor; therefore, reimbursement

							recommended in the amount of \$15.00
TOTAL		\$1,612.00	\$0.00				The requestor is entitled to reimbursement in the amount of \$1,604.00

This Decision is hereby issued this 12th day April 2004.

Debra L. Hewitt
 Medical Dispute Resolution Officer
 Medical Review Division

DLH/dlh

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 03-24-03 through 06-06-03 in this dispute.

This Order is hereby issued this 12th day of April 2004.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

RL/dlh

March 25, 2004

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

REVISED REPORT
Corrected services and dates in dispute.

Re: MDR #: M5-04-0259-01
 IRO Certificate No.: IRO 5055

___ 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 and is currently listed on the TWCC Approved Doctor List.

Information Provided for Review:

Correspondence.
H&P and Office Notes.
Functional Capacity Evaluation
Radiology Report

Clinical History:

This male claimant suffered a work-related injury on _____. Medication was prescribed and physical therapy was ordered. The patient was not responding as anticipated, so he requested a change of treating doctors. He was initially evaluated by his new treating doctor on 03/24/03.

Appropriate objective testing was performed that led to the appropriate diagnosis and initiation of treatment program. Initially, passive care with progression to active therapy. Lumbar MRI was performed that revealed mild disc involvement. Functional Capacity Evaluation was ordered that revealed the patient had limitations that required additional rehabilitation. He was eventually seen by a Designated Doctor for evaluation and was placed at Maximum Medical Improvement with a 5% whole-person impairment.

Disputed Services:

Neuromuscular re-education, myofascial release, office visit with manipulation, office visits-established patient, hot/cold pack therapy, diagnostic radiology of spine/pelvis, special reports, supplies and materials, ultrasound, manual traction, analysis of information, team conference, mechanical traction, training in activities of daily living, and kinetic activities, during the period of 03/24/03 through 05/16/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services in dispute as listed above were medically necessary in this case.

Rationale:

National Treatment Guidelines allow for chiropractic care and therapy for injuries of this nature. The records clearly provide sufficient documentation of subjective and objective findings to warrant the initial trial of chiropractic care and therapy. This was performed, and the patient made sufficient progress. Initiation of an active therapeutic rehabilitation program was begun. On each date of service, there is sufficient documentation that warrants ongoing treatment for this patient's on-the-job injury. The patient was properly managed and treated within the National Treatment Guidelines.

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,