

MDR Tracking Number: M5-04-0279-01

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 29, 2003. Per Rule 133.308 (e)(1) dates of service 9/23/02 is considered untimely and not eligible for review.

The IRO reviewed therapeutic exercises, physical medicine procedure, office visits, neurostimulator application, electrical stimulation, vasopneumatic device, re-education, medical service rendered from 10/14/02 through 7/24/03 denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. 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 January 2, 2004, 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. Therefore the disputed charges with no EOBs 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
9/30/02	99213-MP	\$55.00	\$0.00	N	\$48.00	<u>MFG, Medicine Ground Rule (I)(B)(1)(b)</u>	The requestor did not submit relevant information to meet the documentation criteria set forth by the <u>Medical Fee Guideline</u> . Reimbursement is
	97032	\$60.00	\$0.00	N	\$22.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)</u>	

	97016	\$30.00	\$0.00	N	\$24.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	therefore, not recommended for the disputed charges.
1/23/03	99214	\$80.00	\$0.00	C	\$71.00	<u>MFG, Evaluation/ Management Ground Rule (VI)(B)</u>	Both the requestor and respondent failed to submit relevant information to support and/or challenge the carrier's denial of "C". Therefore it could not be determined that a contract exists and/or does not exist. Reimbursement is not recommended. The requestor did not submit relevant information to support delivery of service. Reimbursement is therefore, not recommended for the disputed charges.
	97032	\$60.00	\$0.00	C	\$22.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)</u>	
	97016	\$30.00	\$0.00	C	\$24.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	
2/4/03	97250	\$43.00	\$0.00	No EOB	\$43.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a) & (I)(C)(3)</u>	
	97139-PH	\$50.00	\$0.00	No EOB	DOP	<u>MFG, Medicine Ground Rule (I)(C)(1)(r)</u>	
	97010	\$15.00	\$0.00	No EOB	\$11.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	
	99213-MP	\$55.00	\$0.00	No EOB	\$48.00	<u>MFG, Medicine Ground Rule (I)(B)(1)(b)</u>	
	97112	\$70.00	\$0.00	No EOB	\$35.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(b), (I)(C)(2)</u>	
TOTAL		\$548.00	\$0.00		\$348.00		The requestor is not entitled reimbursement.

This Decision is hereby issued this 13th day of February 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION amended

December 30, 2003

Re: IRO Case # M5-04-0279

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, Rule133.308 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 has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the 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 right shoulder and lower back in ___ when she slipped and fell backwards on her lower back and right shoulder. She sought chiropractic care, and participated in a work hardening program that resolved her low back pain. Attention then turned to her right shoulder. An injection failed to provide relief of her symptoms. She continued with chiropractic treatment for several more months.

Requested Service(s)

Therapeutic exercises, office visit, electrical stimulation, vasopneumatic device, therapeutic activities, hot/cold pack, myofascial release 10/14/02-7/24/03

Decision

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

Rational

The patient's low back pain responded well to the work hardening program and resolved within several weeks.

The disputed services appear to relate to the patient's right shoulder pain. A required medical evaluation on 5/3/02 was very thorough relating to the patient's right shoulder. The report of the 5/3/02 evaluation states that there were no areas of erythems, eccymosis or swelling. There was only point tenderness over the right AC joint. There was no tenderness over the deltoid, trapezius or the cervical paraspinal region. Yet during the dates in dispute, the treating D.C. treated the patient's cervical spine, noting several positive orthopedic tests and constant neck pain rated at 10/10. The documentation provided for review does not mention a problem with the patient's neck, prior to seeing the treating D.C. The patient did not mention any neck problem when she was evaluated on 5/3/02. The treating D.C. did not include a cervical diagnosis in any of his reports, yet the documentation relates mostly to treatment of the cervical spine.

According to the D.C.'s documentation, the patient did not benefit from his treatment. Her neck pain was 6/10. Her right shoulder range of motion was still restricted, and she still complained of neck pain radiating into her right upper trapezius musculature. The documentation provided does not support the treatment. Therapeutic exercises were not specifically described, and nothing specific about any form of treatment was documented. The treatment notes were vague, repetitive and lacked objective, quantifiable findings to support treatment.

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