

MDR Tracking Number: M5-04-0930-01

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 12-1-03.

The IRO reviewed office visits, hot/cold pack, electrical stimulation (unattended), ultrasound, and physical performance test-muscle testing from 2-28-03 through 3-13-03.

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 2-9-04, 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
3-7-03	99213	\$60.00	\$0.00	G	\$48.00	Rule 134.307(g)(3) (A-F)	Relevant information supports that an injection was performed on 2-10-03 with a 30 day follow up period. Therefore, this office visit is within the 30 day period and not eligible for reimbursement.
TOTAL		\$60.00	\$0.00				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 Order is applicable for dates of service 2-28-03 through 3-13-03 in this dispute.

This Order is hereby issued this 24th day of May 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

February 9, 2004

REVISED REPORT

Middle initial added to injured worker's name.

MDR #: M5-04-0930-01
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.

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.

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.

REVIEWER'S REVIEW

Information Provided for Review:

H&P and office notes
Physical Therapy notes
Electrodiagnostic Study
Procedure notes

Clinical History:

No specific description of the injury is given in the submitted records. However, it is stated in TWCC documents and is somewhat inferred that the patient sustained a repetitive use injury to her right elbow and wrist on _____. Treatment then ensued consisting of multiple conservative therapies, injections, and eventual surgery.

Disputed Services:

Office visits-established patient, hot/cold pack therapy, electrical stimulation-unattended, ultrasound, physical performance test-muscle testing, during the period of 02/28/03 through 03/13/03 (not 03/07/03)

Decision:

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

Rationale:

The dates of service and procedures in question all occurred while conservative measures were still being exhausted prior to surgery. Unfortunately, however, conservative measures were unsuccessful and she eventually underwent a right cubital tunnel release on 05/21/03. The records submitted for review sufficiently document the medical necessity of the procedures and they appear reasonable considering both the diagnosis as well as the extent of the injury.

Sincerely,