

MDR Tracking Number: M5-04-1192-01

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 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 12-29-03.

The IRO reviewed manual therapy, exercises, traction, MRIs (lumbar and LE), ROM measurements, data analysis, muscle testing rendered from 09-130-03 through 10-22-03 that were denied based upon "U".

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 February 26, 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.

The following table identifies the disputed services and Medical Review Division's rationale:

| DOS | CPT CODE | Billed | Paid | EOB Denial Code | MARS (Maximum Allowable Reimbursement) | Reference | Rationale |
|----------|----------|----------|---------|-----------------|--|----------------------|--|
| 9-15-03 | 99080-73 | \$15.00 | \$0.00 | F | \$15.00 | Rule 129.5(d) | MAR for work status report is \$15.00. Reimbursement of \$15.00 is recommended. |
| 9-15-03 | 95851 | \$35.78 | \$0.00 | G | \$35.78 | CPT Code Descriptor | ROM testing is not global to office visit, physical therapy services rendered on this date. Reimbursement of \$35.78 is recommended. |
| 9-17-03 | 95851(2) | \$71.56 | \$0.00 | F | \$35.78 | CPT Code Descriptor | MAR for ROM testing is \$35.78 X 2 = \$71.56. Reimbursement of \$71.56 is recommended. |
| 10-15-03 | 99212 | \$47.23 | \$47.23 | F | \$47.23 | CPT Code description | IC response indicates they paid for service. |
| 10-22-03 | 95999WP | \$384.00 | \$0.00 | N | \$384.00 | CPT Code description | Sensory Nerve Conduction Threshold (CPT) test revealed a "very severe hypoesthetic condition." Reimbursement of \$384.00 is recommended. |
| TOTAL | | | | | | | The requestor is entitled to reimbursement of \$506.34. |

This Decision is hereby issued this 7th day of September 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

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 9-15-03 through 10-22-03 in this dispute.

This Order is hereby issued this 7th day of September 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

February 25, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5-04-1192-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ was injured while descending a ladder with objects in his hand. His foot slipped and he fell, injuring his back, knee & ankle. The treating doctor performed manual therapy, exercises, traction, MRI's of the lumbar, knee & ankle, ROM measurements, data analysis, muscle testing. The carrier denied these treatments as medically unnecessary.

DISPUTED SERVICES

Under dispute is the medical necessity of manual therapy, exercises, traction, MRIs, ROM measurements, data analysis and muscle testing.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

This patient presented with complaints of low back, right knee & right ankle pain. There were inconsistencies in the records regarding work ability, stating that the patient was able to perform his regular duties and then stating that the patient was totally disabled and removed from work, then further stating that he had sought light duty but none was available. However, the patient does appear to have real injuries, and as such, the treating doctor did have the duty to fully investigate his complaints. Without prior records available to see what treatment the patient had prior to seeing this doctor, it would appear that manual therapy was reasonable and necessary. Additionally, the doctor's testing and treatment of this patient led him to believe that MRI's were warranted on the injured areas. His findings indicated that there might be joint instability which would cause further damage if left untreated, therefore, the MRI's were justified. The patient was found to have a bulging disc in his lumbar spine, and traction can be useful in relief of muscle spasm, and also, in imbuing nutrients into damaged discs to speed healing of damaged structures. ROM measurements are a useful tool in determining patient progress, as is muscle testing. The data analysis was also necessary. Testing procedures as well as radiographic findings were interpreted to determine the necessity of treatment of this patient. Rehabilitative exercise is very useful in returning a patient to a more functional state when he has been off work for a period of time, and has become de-conditioned.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,