

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 2-9-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that electrical stimulation, massage therapy, myofascial release, office visits, manual therapy, chiropractic manual treatment and community work integration from 5-22-03 through 12-5-03 were not medically necessary. 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 fees were not the only fees involved in the medical dispute 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 4-28-04, 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 services on 6-25-03 were denied as "E" – this claim is not compensable. "E" was the only issue raised by the carrier. However, a Contested Case Hearing Decision on 8-20-02 found the claim compensable. HCFA's were submitted which support delivery of services. Therefore this review will be per the MFG only. Recommend reimbursement of CPT code 99213 for \$48, CPT Code 97032 for \$22, CPT Code 97124 for \$28, and CPT Code 97250 for \$43 for a total of \$141.00.

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) for dates of service through July 31, 2003; in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (b); 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 5-22-03 through 12-5-03 in this dispute.

This Decision and Order is hereby issued this 29th day of September 2004.

Donna Auby

Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 13, 2004

RE:

MDR Tracking #: M5-04-1664-01

IRO Certificate #: 5242

___ 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 proposed 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 Chiropractic physician reviewer who has an ADL certification. The reviewer 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

According to the supplied documentation, it appears that the claimant injured her neck and mid-back while lifting a handicapped child off of the floor on ____. The claimant initially reported to the hospital for chest pain, but was released and was sent to ___ for treatment. Chiropractic therapy was performed for a lengthy period of time. The claimant was also referred to medical doctors for co-management. A designated doctor exam was performed on 03/06/2003 by ___ who assessed the claimant with a cervical and thoracic strain and reported a 0% impairment. The daily notes begin on 05/22/2003 and end on 12/05/2003. The documentation ends here.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including electrical stimulation, massage therapy, myofascial release, office visits, manual therapy, chiropractic manual treatment and community work integration rendered between 05/22/2003 and 12/05/2003.

Decision

I agree with the insurance company that the services rendered were not medically necessary.

Rationale/Basis for Decision

According to the supplied documentation, the therapy in question did not begin until 05/22/2003. This date of service was approximately 2 months after a designated doctor assigned her a 0% impairment. There was no documentation supplied of any changes in her condition that would warrant any additional care beyond the MMI date of 03/06/2003. It should also be noted that the claimant reported a pain level of 5/10 with 10 being the greatest amount on 05/22/2003. There were fluctuations up and down throughout the reviewed daily notes, but the final note on 12/05/2003 states the claimant had a 6/10 with 10 being the highest. ___ own notes reveal that there were no improvements in the claimant's condition. All of the therapy rendered after the 03/06/2003 is not considered reasonable or medically necessary to treat the compensable injury dated 02/28/2002.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 15th day of April 2004.