

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 02-12-04.

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 the whirlpool, level II office visit, massage therapy, ultrasound, electrical stimulation, manual therapy, aquatic therapy, and therapeutic exercises rendered from 9/23/03 through 10/02/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the 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 April 22, 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.

CPT codes 99214 and 99080-73 for date of service 9/22/03 were denied by the carrier with "K"-not appropriate HCP. Review of TXCOMP reveals that the treating doctor, Dr. Robert Howell, D.C., was granted temporary exception status on the ADL list effective 9/1/03. The EOB also stated that per peer review, no more chiropractic treatment. Since the disputed services are not types of chiropractic treatments, that denial code is not applicable to those services. Therefore, **reimbursement is recommended** in the amount of \$92.30 for code 99214 and \$15 for code 99080-73.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby **ORDERS** the respondent to pay the unpaid medical fees in accordance with Medicare program reimbursement methodologies per Commission Rule 134.202 (b); 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 to date of service 9/22/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

MDR Tracking Number: M5-04-1716-01

This Decision and Order is hereby issued this 5th day of October, 2004.

Medical Dispute Resolution Officer
Medical Review Division

IRO Decision copy was sent to Requestor and Respondent.

On or about 8/18/05 the ALJ affirms the denial of services in dispute.