

MDR Tracking Number: M5-04-1779-01

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 02-13-04.

The IRO reviewed office visits, manual therapy, hot/cold pack therapy rendered from 08-13-03 through 08-27-03 that were denied based "V".

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.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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 05-24-04, 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.

Explanation of benefits were not submitted by either the requestor nor the respondent for CPT code G0283 for dates of service 08-13-03, 08-15-03, 08-18-03, 08-21-03, 08-25-03 and 08-27-03. Reimbursement in the amount of \$89.46 (\$14.91 X 6 DOS) is recommended per the Medical Fee Guideline effective 08-01-03.

Code E0730-P billed for date of service 08-18-03 was paid on 09-27-04 in the amount of \$370.00 per explanation of benefits with check 09115856. No additional reimbursement is recommended.

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 08-13-03 through 08-27-03 in this dispute.

This Findings and Decision and Order are hereby issued this 4th day of October 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 6, 2004

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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.

Items submitted for review included a request for re-consideration, a response to a peer review, daily notes, initial narrative, radiology reports and notes from ___ from the provider.

Items submitted for review included peer reviews, a FCE report, notes from ___, radiology reports and notes from ___ were from the URA.

Clinical History

According to the supplied documentation, it appears that the claimant sustained an injury on ___ when he fell from a ladder while at work. The claimant was seen the same day at ___. The claimant underwent extensive diagnostic testing and was released a week later. Plain film x-rays were performed on 02/09/2003 which found no abnormalities in the thoracic spine, left femur, right forearm, lumbar spine or in the left tibia. A CT scan performed on 02/09/2003 revealed no abnormalities to the chest, abdomen or the pelvis. A MRI of the lumbar spine revealed an irregularity and a bone marrow defect at L1 with a disc protrusion at L1-2 and at L5-S1. No documentation is supplied after the emergency room visit until notes begin from ___. The claimant began care with ___ on 07/03/2003. The claimant was treated 26 times from 07/03/2003 – 08/27/2003. The documentation ends here.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including office visits (99212), manual therapy, and hot/cold packs rendered between 08/13/2003 and 08/27/2003.

Decision

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

Rationale/Basis for Decision

According to the supplied documentation, it appears that the claimant sustained an injury on _____. The notes from _____ report that the claimant was released following one week in the emergency room. There is no treatment documentation from 1-week post injury until 07/03/2003. At that time passive modalities were began and lasted until the therapy ended around 08/27/2003. Since the claimant did not receive any prior physical/chiropractic therapy, a short term of care would be indicated. The documentation reveals that the therapy did not change and all of the visits were passive in nature. A one-month trial would be an adequate amount of therapy to begin to reduce the claimant's symptoms. If the symptoms persisted after the initial month of therapy, then a transition to an active protocol quickly leading to a home based program would be indicated. The supplied documentation does not support ongoing passive medicine in this claimant's case. The passive therapy in question is 6 months post-injury and is not objectively supported with the supplied reports and documentation from the treating physician. All of the therapy rendered between 08/13/2003 – 08/29/2003 is not reasonable or medically necessary.