

MDR Tracking Number: M5-04-2042-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on March 5, 2004.

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.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The 9499 unlisted evaluation or management service was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

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 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 07/01/03 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)).

This Order is hereby issued this 13th day of May 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 2, 2004

Re: IRO Case # M5-04-2042

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of Disputed Services 7/1/03
2. Explanation of benefits
3. Letter from Requestor to TWCC 2/9/04
4. TWCC 69 reports
5. MMI and IR report 7/1/03
6. Medical notes and reports from other physician

7. Elwctrodiagnostic reports 1/8/03, 1/15/03
8. Radiology report 12/7/02
9. MRI reports cervical spine and lumbar spine 1/15/03
10. Report from medical center 4/8/03
11. Medical records from treatment center
12. ER report
13. Activity status reports from initial medical provider
14. TWCC change of treating doctor report 1/2/03
15. TWCC work status reports
16. Report 1/31/03
17. FCE reports 6/9/03, 3/18/03, 2/5/03
18. Letter of referral for psychologist evaluation 9/18/02

History

The patient injured her neck, lower back, left shoulder, both wrists, and knees in ___ when she fell off the back of a golf cart after the driver struck a fence. She was treated with chiropractic treatment.

Requested Service(s)

99499 unlisted eval or management service 7/1/03

Decision

I disagree with the carrier's decision to deny the requested service.

Rationale

The Requestor has been denied payment of the disputed service because a Designated Doctor had already been obtained to do the examination to determine MMI before the Requestor performed his examination. Because the Requestor did not obtain preauthorization to perform the examination, his examination was considered to be unnecessary.

The documentation provided did not indicate that an impairment rating requires preauthorization, nor did the documentation include a TWCC -69 from a Designated Doctor to support the claim that a designated doctor had already been obtained prior to the Requestor's evaluation. The Requestor's evaluation was performed some three weeks prior to the Designated Doctor's evaluation on 7/25/03.

The patient's condition had become static, and enough time had elapsed to allow for the opportunity to heal from the primary effects of the injury, and the treating doctor had had enough opportunity to administer or prescribe treatment to resolve the effects of the injury.

The Requestor's TWCC-69 was submitted on 7/1/03, after the exam was prescribed by the treating doctor on 6/24/03.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.