

MDR Tracking Number: M5-04-2381-01

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 30, 2004.

Based on correspondence received from the requestor, Neuromuscular Institute of Texas-C.C. dated 06-30-04 the requestor has withdrawn the fee issues for dates of service 04-25-03 and 07-21-03 from their dispute.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of 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 hot/cold pack therapy (97010), electrical stimulation, unattended (97014), therapeutic exercise (97110), office visits, extended problem-focused (99212), office visits, extended problem- focused with manipulation (99213-MP), ultrasound (97035), joint mobilization (97265), myofascial release (97250), therapeutic activities (97530), and functional capacity evaluation (97750-FC) from 04-23-03 through 07-21-03 **were found** to be medically necessary. The office visits, extended problem-focused (99213) for 04-30-03, 05-09-03, and 05-20-03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 dates of service 04-23-03 through 07-21-03 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 7th day of July 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr
Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS
3402 Vanshire Drive **Austin, Texas 78738**
Phone: 512-402-1400 **FAX: 512-402-1012**

NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISION 2 - 6/30/04

TWCC Case Number:	
MDR Tracking Number:	M5-04-2381-01
Name of Patient:	
Name of URA/Payer:	Neuromuscular Institute of Texas
Name of Provider:	Neuromuscular Institute of Texas
<small>(ER, Hospital, or Other Facility)</small>	
Name of Physician:	Scott G. Walker, DC
<small>(Treating or Requesting)</small>	

May 17, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Rosalinda Lopez, Texas Workers Compensation Commission

CLINICAL HISTORY

Patient is a 36-year-old male who, on ____, slipped off a curb while carrying a stepladder and fell landing onto his right shoulder and back. After a few months of medical management, in July of 2002, he began treating with Dr. Walker with conservative chiropractic care and physical therapy. In November of that year, and again in March of 2003, he underwent epidural steroid injection. Due to limited relief and a positive discogram, on 04/04/03 he underwent percutaneous lumbar disk decompression at L4-5 by Thomas Edwards, M.D., who then prescribed four weeks of post-operative physical therapy, which was initiated by Dr. Walker on 04/23/03.

REQUESTED SERVICE(S)

Hot/cold pack therapy (97010), electrical stimulation, unattended (97014), therapeutic exercise (97110), office visits, problem-focused (99212), office visits, extended problem-focused (99213), office visits, extended problem-focused with manipulation (99213-MP), ultrasound (97035), joint mobilization (97265), myofascial release (97250), therapeutic activities (97530), and functional capacity evaluation (97750-FC) for dates of service 04/23/03 through 07/21/03.

DECISION

The office visits, extended problem-focused (99213) for dates of service 04/30/03, 05/09/03, and 05/20/03 are denied.

All remaining services throughout the date range are approved.

RATIONALE/BASIS FOR DECISION

This patient was seen by a TWCC designated doctor on 06/10/03. In his report, the designated doctor stated, "The examinee is recovering from IDET procedure to the lumbar spine..." and further, it was his opinion that the patient had not yet reached maximum medical improvement. In fact, he did not project MMI until 09/09/03. Therefore, since the services rendered in this case were for post-operative physical therapy, and because it was the opinion of the designated doctor who carries presumptive weight in this case that the patient had not yet reached MMI in June of 2003, the medical necessity of these services is supported.

However, the diagnosis in this case did not support the medical necessity of performing extended problem-focused evaluations on a routine visit basis.