

MDR Tracking Number: M5-04-2428-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 10-21-03.

The IRO reviewed office visits, electrical stimulation, ultrasound therapy, myofascial release, Rom measurements, neuromuscular re-education, therapeutic activities, therapeutic procedure w gait training, vasopneumatic device therapy, and review of MMI/IR report rendered from 12-23-02 through 04-01-03 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity two unit therapeutic procedures for dates of service 12-23-02, through 01-03-03 and one unit of therapeutic procedures for dates of service 01-22-03, through 02-17-03. .

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity office visits, electrical stimulation, ultrasound therapy, myofascial release, Rom measurements, neuromuscular re-education, therapeutic activities, gait training, vasopneumatic device therapy, review of MMI/IR report, two unit therapeutic procedures for dates of service 12-23-02, through 01-03-03 and one unit of therapeutic procedures for dates of service 01-22-03, through 02-17-03. Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees (\$3550.00). 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 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 12-15-03, 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. Relevant information was not submitted by the requestor in accordance with Rule 133.309 (g)(3) to confirm delivery of service for the fee component for date of service 06-24-03 in this dispute. Therefore reimbursement is not recommended.

This Decision is hereby issued this 5th day of April 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

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) 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 12-23-02 through 04-01-03 in this dispute.

This Order is hereby issued this 5th day of April 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

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

REVISED 12/16/03

TWCC Case Number:	
MDR Tracking Number:	M5-04-2428-01
Name of Patient:	
Name of URA/Payer:	Jesus E. Garcia, DC
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Jesus E. Garcia, DC
(Treating or Requesting)	

December 10, 2003

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: Texas Workers Compensation Commission

CLINICAL HISTORY

After falling off a ladder on ____, the patient received physical medicine treatments for his lumbar spine and elbow injuries.

REQUESTED SERVICE(S)

Office visits, electrical stimulation, ultrasound therapy, myofascial release, ROM measurements, neuromuscular re-education, therapeutic activities, therapeutic procedures with gait training, vasopneumatic device therapy, review of MMI/IR report only from 12/23/02 through 4/1/03.

DECISION

Only 2 units of 97110 are allowed for the dates of 12/23/02, 12/26/02, 12/31/02 and 1/3/03. Only 1 unit of 97110, 97112, 97530 and 97116 are allowed for the dates of 1/22/03, 1/24/03, 1/27/03, 1/29/03, 1/31/03, 2/3/03, 2/7/03, 2/10/03, 2/12/03 and 2/17/03. All other care is approved.

RATIONALE/BASIS FOR DECISION

The physician's treatment notes and examination records, the designated doctor's report and the patient's response to care document the medical necessity for much of the treatment that was rendered.

However, the records do not document the medical necessity for the extensive (8 units on many visits) number of physical medicine procedures. The records also do not document that the required amount of time was expended. Suspicion about the actual time frame of each treatment arises when "30 minutes" and "60 minutes" is preprinted on the forms. More importantly, the patient's "start time" and "end time" was two hours in duration, to the minute on each and every visit after 1/3/03. That held true on 2/12/03, even though the patient only received 60 minutes of treatment.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

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 carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 16th day of December 2003.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell