MDR Tracking Number: M5-04-2671-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 April 26, 2004.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 04-26-04, therefore the following date(s) of service are not timely: 02-04-03 through 04-14-03.

The 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 neuromuscular re-education, manual traction, myofascial release, and office visits denied with V from 04-28-03 through 06-05-03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 09-13-04, 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.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$ (Max. Allowable Reimbursement)	Reference	Rationale
05-22-03	99213 97112 x2 97122 x2 97250	$55.00 $70.00 $70.00 $43.00	$0.00	No EOB	$48.00 $35.00 x2 $35.00 x2 $43.00	1996 MFG 133.307(e)(2)(B)	Requestor submitted convincing evidence of carrier receipt of the providers' request for EOB's for services rendered on 05-22-03, therefore will be reviewed in accordance with the 1996 MFG since the carrier did not provide a valid basis for the denial of this service. Recommend reimbursement in the amount of $231.00.
06-22-03	97250	$43.00	$0.00	No EOB	$43.00	1996 MFG 133.307(e)(2)(B)	Requestor submitted convincing evidence of carrier receipt of the providers' request for EOB's for services rendered on 06-22-03, therefore will be reviewed in accordance with the 1996 MFG since

							the carrier did not provide a valid basis for the denial of this service. Therefore, recommend reimbursement in the amount of $43.00.
07-10-03	97112 x2 97122 x2 97250 99213	$70.00 $70.00 $43.00 $55.00	$0.00	No EOB	$35.00 x2 $35.00 x2 $43.00 $48.00	1996 MFG 133.307(e)(2)(B)	Requestor submitted convincing evidence of carrier receipt of the providers' request for EOB's for services rendered on 07-01-03, therefore will be reviewed in accordance with the 1996 MFG since the carrier did not provide a valid basis for the denial of this service. Therefore, recommend reimbursement in the amount of $231.00.
TOTAL		$519.00					The requestor is entitled to reimbursement of $505.00.

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 Order is applicable for dates of service 05-22-03 through 07-10-03 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 5th day of November 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

Date: August 30, 2004

RE: MDR Tracking #: M5-04-2671-01
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. The Chiropractic physician 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.

Documentation from carrier

- A statement letter from the provider's attorney
- Multiple peer reviews
- Diagnostic testing reports
- Narrative reports
- Impairment ratings with examinations
- Daily notes from multiple physicians,

Documentation from provider

- The disputed services chart
- MDR response (with no signature of who wrote it)
- Diagnostic test results
- Daily notes
- EOBs and HCFA 1500s.

Clinical History

According to the supplied documentation, it appears that the claimant injured his neck and back on ___ when he tripped over a forklift and fell at work. The claimant was seen at _____ and was diagnosed with a rib fracture. The claimant was seen on 07/17/1998 by _____ for evaluation. The claimant underwent plain film x-rays, a cervical MRI and a lumbar MRI that revealed no fractures, but did reveal underlying disc degeneration. The claimant was treated with passive and active therapies. It should be noted that the diagnoses in the beginning of care were all related to an exacerbation of pre-existing complaints. In the beginning of 2000 the claimant underwent right carpal tunnel

surgery and several months later underwent left carpal tunnel surgery. The claimant underwent multiple impairment ratings, with disputes on whether the carpal tunnel was compensable. On 04/02/2002 the claimant reported to _____ for evaluation. Passive modalities were, once again, begun. An extensive amount of therapy was reviewed. The documentation ends here.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including neuromuscular re-education (97112), manual traction (97122,97140), myofascial release (97250) and office visits (99213) from 04/28/2003 until 06/05/2003.

Decision

I agree with the insurance company that the services in question were not medically necessary in the treatment of the compensable claim.

Rationale/Basis for Decision

The supplied documentation objectively supported that the claimant had multiple pre-existing complaints prior to the compensable injury dated ___. Due to the claimant's age and diseases of life, the claimant suffered from multiple areas of degeneration in his spine. Plain film x-rays taken on 08/18/1998 revealed severe spondylosis changes and facet joint arthrosis. On 08/26/1998 an MRI report revealed that the claimant had prominent disc degeneration and spondylosis in the cervical spine. Every diagnostic report reviewed continued to reveal degenerative changes that would be seen in the average 73 year old spine. No acute injuries were found with the exception of a rib fracture that generally resolves without the use of therapies. Passive and active modalities in question dated 5 years post injury are not objectively documented in any way from a fall that occurred in ___. Ongoing passive and active modalities appear to be treating injuries that were pre-existing and are related to the claimant's previous complaints. No current guidelines support the use of passive or active therapies to treat the compensable claim dated in ___. The treatment rendered that began in 2002 through 2003 appears to be treating an acute injury and not the one that occurred in ___. Since the claimant has had an abundance of chiropractic therapy with little to no positive response, continued care is not seen to be medically necessary to treat the disc degeneration or the work injury.

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 patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 30th day of August 2004.