

MDR Tracking Number: M5-04-4032-01

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 July 26, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. The therapeutic exercises, therapeutic activities, office visits, massage therapy, neuromuscular junction testing, ultrasound, electrical stimulation unattended, denied with V from 08-04-03 through 09-16-03 **were found** medically necessary. The office visits, massage therapy, therapeutic exercises, therapeutic activities, electrical stimulation unattended, manual muscle testing, diathermy, chiropractic manipulation and mechanical traction denied with V from 11-19-03 through 02-18-04 **were not found** medically necessary. 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.

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

On August 17, 2004, 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
08-04-03	99212	\$50.00	\$0.00	No EOB	\$41.91	Rule 133.307 (e)(2)(A)	The requestor did not submit a copy of the medical bill for CPT code 99212 as originally submitted to the carrier for reconsideration therefore, no reimbursement recommended.

08-06-03	99212	\$50.00	\$0.00	No EOB	\$41.91	Rule 133.307 (e)(2)(A)	The requestor did not submit a copy of the medical bill for CPT code 99212 as originally submitted to the carrier for reconsideration therefore, no reimbursement recommended.
08-20-03	99212	\$50.00	\$0.00	No EOB	\$41.91	Medicare Fee Schedule, Rules 133.307 (e)(2)(A)	The requestor did not submit a copy of the medical bill for CPT code 99212 as originally submitted to the carrier for reconsideration therefore, no reimbursement recommended.
08-29-03	95900	\$391.80	\$0.00	No EOB	\$70.86 x 6 = \$425.16	Medicare Fee Schedule, Rule 134.202(d)	Neither the requestor nor the respondents submitted EOB's for services rendered 08-29-03. The requestor submitted convincing evidence of carrier receipt of the providers' request for EOB's. Therefore, this date of service will be reviewed in accordance with Rule 134.202 effective 8-1-03. Recommend reimbursement in the amount of \$987.84.
	95903	\$212.00			\$77.21 x 4 = \$308.84		
	95904	\$329.16			\$59.56 x 6 = \$357.36		
	99241	\$54.88			\$58.28		
09-16-03	99213	\$47.20	\$0.00	No EOB	\$61.98	Medicare Fee Schedule, Rule 134.202(d)	Neither the requestor nor the respondents submitted EOB's for services rendered 09-16-03. The requestor submitted convincing evidence of carrier receipt of the providers' request for EOB's. Therefore, this date of service will be reviewed in accordance with Rule 134.202 effective 8-1-03. Recommend reimbursement in the amount of \$47.20.
01-09-04	99212 97124	\$41.91 \$30.90	\$0.00	No EOB	\$44.16 \$26.28	Medicare Fee Schedule, Rule 134.202(d)	Neither the requestor nor the respondents submitted EOB's for services rendered 01-09-04. The requestor submitted convincing evidence of carrier receipt of the providers' request for EOB's. Therefore, this date of service will be reviewed in accordance with Rule 134.202 effective 8-1-03. Recommend reimbursement in the amount of \$72.81.
TOTAL							The requestor is entitled to reimbursement of \$1107.85.

This Findings and Decision is hereby issued this 25th day of January 2005.
Patricia 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) and in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (b); 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 08-04-03 through 01-09-04 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 25th day of January 2005.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/pr

Enclosure: IRO Decision

October 26, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

REVISED REPORT
Corrected dates of service in dispute.

Re: Medical Dispute Resolution
MDR #: M5-04-4032-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: 5055

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- initial interview 10/28/03; initial narrative report 06/17/03
- correspondence to TWCC 11/10/03
- psychological assessment 12/19/03
- office notes 12/30/99 – 03/26/04
- PPE's 08/29/03 – 11/21/03
- MRI's 07/03/03 & 02/11/04

Information provided by Respondent:

- psychiatric evaluation 12/9/03
- case review 12/12/03
- MMI/Impairment rating evaluation 10/29/03 & letter 12/05/03
- independent medical evaluation 09/09/03

Clinical History:

The patient reports being injured on ____. He was seen by the company doctor on 6/12/03. Medication was prescribed, and he was placed on a restrictive work status. He changed treating doctors and was evaluated on 6/17/03. On that date, evaluation revealed the patient was 6' in height and weighed 267 pounds. Blood pressure was 166/103, and pulse was 102. There were other objective findings present, which indicated the need for a treatment program. He was placed off of work until further notice.

An aggressive treatment program was begun with a reasonable short-term goal of completion of 2-4 weeks and a long-term goal of completion of 10-16 weeks. The patient was to be re-evaluated in 4-6 weeks. In addition, the patient was referred to another doctor for co-treatment. At that time, the insurance carrier was disputing the compensability of the patient's hand and wrist injury. Therefore, all treatment was concentrated on the lumbar spine injury. MRI dated 7/3/03 revealed a small left paracentral disc herniation at L4-L5 and degenerative changes in the disc from L3-S1. In addition to the aggressive passive and active therapy this patient received, he received a lumbar epidural steroid injection on 10/21/03 as well as he was prescribed the use of narcotics OxyContin and hydrocodone.

Disputed Services:

Therapeutic exercises, therapeutic activities, office visits, massage, neuromuscular junction testing, ultrasound, electrical stimulation-unattended, chiropractic manual treatment, muscle testing, mechanical traction and diathermy during the period of 08/04/03 thru 02/18/04

Decision:

The reviewer partially disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above from 08/04/03 through 09/16/03 were medically necessary in this case. The treatment and services in dispute as stated above from 11/19/03 through 02/18/04 were not medically necessary in this case.

Rationale:

Given the fact there was a small disc involvement with this injury, the patient would be entitled to a trial of chiropractic care and therapy and approximately 2-4 weeks of passive care with a progression into active care of 2-3 months in duration. National treatment guidelines allow for this type of treatment for this type of injury. Therefore, all disputed services from 8/18/03 through 9/16/03 were, in fact, reasonable, usual, customary, and medically necessary for the treatment of this patient's on the job injury. Disputed services from 11/19/03 through 2/18/04 were not medically necessary for the treatment of this patient's on the job injury.