

MDR Tracking Number: M5-04-4352-01

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. The dispute was received on 8-26-04.

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.

The psychotic diagnostic review on 2-9-04 was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute 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 9-16-04 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.

CPT code was denied with a V code. It was preauthorized, therefore this is an incorrect denial code. In accordance with Rule 134.600 (h) (4), the requestor provided a copy of the preauthorization letter dated 4-29-04 for six visits of Biofeedback. The carrier denied these sessions as unnecessary medical treatment based on a peer review. Rule 133.301 (a) states "the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatments(s) and/or service(s) for which the health care provider has obtained preauthorization under Chapter 134 of this title." Therefore, **reimbursement is recommended in the amount of \$159.18 in accordance with Rule 134.600 (b)(1)(B).**

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202(c); 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 date of service 5-5-04 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 Decision and Order is hereby issued this 2nd day of November, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division
DA/da

NOTICE OF INDEPENDENT REVIEW DECISION

October 27, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-04-4352-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional 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 TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 28 year-old female injured her lumbar back, left elbow, forearm, and wrist, right foot, hip, hand and anterior thigh, and posterior neck when she slipped on a wet floor she was mopping. She has been treated with conservative care including electrical stimulation, ice, heat, therapeutic exercise and rehabilitative measures, massage, and ultrasound. No medication or diagnostic X-rays were done due to her being approximately six months pregnant at the time of injury. An initial behavioral medicine consultation was done on 02/09/04 for pre-authorization to a work-hardening program that was approved and started on 02/20/04.

Requested Service(s)

90801-Psychotic Diagnostic Review on date of service 02/09/04

Decision

It is determined that there is medical necessity for the psychotic diagnostic review on 02/09/04 to treat this patient's medical condition.

Rationale/Basis for Decision

Medical record documentation indicates the necessity for the psychotic diagnostic review. The carrier relied upon this review when it pre-authorized a work hardening program for this patient that began on 02/20/04. Since the findings of the consultation were a primary basis for the approval determination by the carrier, the psychotic diagnostic review performed on 02/09/04 was both indicated and medically necessary to treat this patient's medical condition.

Sincerely,