

MDR Tracking Number: M5-05-0615-01

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 October 25, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. The ultrasound, manual therapy technique, hot/cold pack therapy, massage therapy, mechanical traction and unlisted therapeutic procedures **were** 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 \$650.00** 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 11-23-04, 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 requestor did not submit convincing evidence of carrier receipt of the providers' request for EOB's in accordance with 133.307 (e)(2)(B). Therefore, no reimbursement is recommended for the following items in dispute:

- **99212 (office visit) - billed on 01-09-04, 01-13-04, 01-14-04, 01-15-04, 01-16-04, 01-20-04, 02-13-04, 01-21-04, 01-23-04, 01-27-04, 01-28-04, 02-10-04, and 02-11-04**
- **97140 (manual therapeutic technique) – billed on 01-09-04 and 01-14-04**
- **97012 (mechanical traction) - billed on 01-21-04**
- **E0720 (Tens, two lead, localized stimulation) - billed on 02-10-04**

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 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 Order is applicable for dates of service 01-13-04 through 02-13-04 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 28th day of February 2005.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

Enclosure: IRO Decision

December 30, 2004

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

Re: Medical Dispute Resolution
MDR #: M5-05-0615-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: IRO 5055

Dear Ms. ____:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI 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 Independent Review, Inc. 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 Board Certified in Physical Medicine and Rehabilitation and in Pain Management and is currently on the TWCC Approved Doctor List.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP:thh

REVIEWER'S REPORT
M5-05-0615-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor:

- Request for reconsideration 04/07/04
- Office notes 01/12/04 – 02/24/04
- Physical therapy notes 01/09/04 – 02/13/04
- FCE 02/25/04
- Radiology report 01/16/04

Clinical History:

The patient is a 50-year-old male who injured his back at work on _____. No previous back injuries were noted in his history. Treatment included electrical muscle stimulation, ultrasound massage, myofascial treatment, treadmill, recumbent biking, weight training, as well as low back strengthening exercises. TENS was employed for pain reduction as well.

Disputed Services:

Ultrasound, manual therapy technique, hot/cold pack therapy, massage therapy, mechanical traction and unlisted therapeutic procedures during the period of 01/13/04 thru 02/13/04.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were medically necessary in this case.

Rationale:

Physical therapy for this patient was appropriate given his injury and prior history. Given the clinical findings at this patient's initial assessment, a physical therapy regimen such as that employed was very appropriate conservative management. This is consistent with the general standard of care for this type of lumbar pathology.