

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 11-24-04.

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.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The massage therapy, therapeutic exercises and office/outpatient visits, established were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 to dates of service 07-07-04 through 08-03-04 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 Findings and Decision and Order are hereby issued this 8th day of February 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh
Enclosure: IRO decision

January 6, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M5-05-0982-01

CLIENT TRACKING NUMBER: M5-05-0982-01/5278

AMENDED DECISION 02/04/05

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records Received from the State:

- Texas Workers' Compensation Commission Form, dated 12/22/04 - 1 page
- Notification of IRO Assignment, dated 12/22/04 - 1 page
- Texas Workers' Compensation Commission Form, dated 12/22/04 - 5 pages
- Review Analysis, dated 09/14/04 - 6 pages

Records Received from the Provider

- Final Request for "Medical Dispute Resolution" per TWCC 133.308(1), dated 12/28/04 - 13 pages
- Initial Evaluation, dated 05/19/03 - 6 pages
- Interim Report, dated 08/05/03 - 2 pages
- Interim Report, dated 05/11/04 - 3 pages
- Amended Interim Report, dated 06/22/04 - 3 pages
- Consultation Report, dated 07/13/04 - 1 page
- Re-Evaluation Narrative, dated 07/23/04 - 4 pages
- Re-Evaluation Narrative, dated 08/03/04 - 4 pages
- Chart Notes, dated 06/06/03 - 1 page
- Office Visit Notes, dated 07/07/04 - 5 pages
- Office Visit Notes, dated 07/08/04 - 5 pages
- Office Visit Notes, dated 07/12/04 - 5 pages
- Office Visit Notes, dated 07/14/04 - 5 pages
- Office Visit Notes, dated 07/19/04 - 5 pages
- Office Visit Notes, dated 07/21/04 - 5 pages
- Office Visit Notes, dated 07/22/04 - 5 pages

- Office Visit Notes, dated 07/22/04 – 5 pages
- Texas Workers' Compensation Work Status Report, dated 05/21/04 – 1 page
- Letter from Dr. Achleitner, dated 06/19/03 – 1 page
- Texas Workers' Compensation Work Status Report, dated 06/19/03 – 1 page
- Letter from Dr. Achleitner, dated 07/02/03 – 1 page
- Texas Workers' Compensation Work Status Report, dated 07/02/03 – 1 page
- Letter from Dr. Achleitner, dated 07/28/03 – 1 page
- Texas Workers' Compensation Work Status Report, dated 07/28/03 – 1 page
- Letter from Dr. Achleitner, dated 11/07/03 – 1 page
- Letter from Dr. Achleitner, dated 11/21/03 – 1 page
- Letter from Dr. Achleitner, dated 12/12/03 – 1 page
- Letter from Dr. Achleitner, dated 01/16/04 – 1 page
- Prescription, dated 05/03/04 – 1 page
- Letter from Dr. Achleitner, dated 06/02/04 – 1 page
- Follow-Up Note, dated 06/25/03 – 1 page
- Follow-Up Note, dated 07/09/03 – 1 page
- Prescription, dated 09/09/03 – 1 page
- Follow-Up Note, dated 10/01/03 – 1 page
- Follow-Up Note, dated 10/29/03 – 1 page

Summary of Treatment/Case History:

It would appear that the patient originally suffered from a work-related injury of _____. The patient alleged to have tripped on a hard uneven floor and fell landing directly on her right knee. She also alleged to have hit her right wrist on a nearby filing cabinet during the fall. The patient was also experiencing lower back pain.

On 5/19/03 _____ began chiropractic intervention with Robert Howell, D.C. After failing to respond to conservative care on the right knee the patient underwent arthroscopic knee surgery on 4/29/04 with orthopedic surgeon Oliver Achleitner, MD. On 5/3/04 the orthopedic surgeon released _____ for postoperative physical therapy which began on 5/12/04. From the available documentation it would appear that the patient completed 9 out of 12 therapy sessions and in early June 2004 the patient stopped her treatments for two weeks due to a death in her family. _____ then completed treatments on 7/22/04 and attended an office visit on 8/23/04 with Robert Howell, D.C. The Treatments consisted of both active and passive physical therapy modalities.

Questions for Review:

Please review DOS 7/7/04 through 8/3/04:

1. Items in dispute: CPT codes #97124 massage therapy, #97110 therapeutic exercises, #99213 office/outpatient visit, est, #99214 office/outpatient, est, denied by the carrier for V. Please advise.

Explanation of Findings:

Question 1: Items in dispute: CPT codes #97124 massage therapy, #97110 therapeutic exercises, #99213 office/outpatient visit, est, #99214 office/outpatient, est, denied by the carrier for V. Please advise.

Based on the documentation that has been made available and current peer review guidelines, the 7 treatments sessions and 2 office visits for a total of 9 sessions from 7/7/04 through 8/3/04 were medically necessary (#97124, #97110, #99213, #99214).

Conservative care beyond 8/3/04 at this time would be considered not medically necessary.

Conclusion:

Decision to Certify:

Based on the documentation that has been made available and current peer review guidelines, the 7 treatments sessions and 2 office visits for a total of 9 sessions from 7/7/04 through 8/3/04 were medically necessary (#97124, #97110, #99213, #99214).

Decision to Not Certify:

Conservative care beyond 8/3/04 at this time would be considered not medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Milliman and Roberts care guidelines

References Used in Support of Decision:

Guidelines for Chiropractic Quality Assurance and Practice Parameters, (Mercy Guidelines)

The physician providing this review is a Doctor of Chiropractic. The reviewer is national board certified in Physiotherapy and is certified in Acupuncture. The reviewer is a member of the American Academy of Disability Evaluating Physicians (AADEP) and is on the approved doctor list for the Texas Worker's Compensation Commission. The reviewer has been in active practice for 12 years.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular

specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims, which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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