

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 3-1-05.

The Medical Review 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 office visits, neuromuscular re-education, and manual therapy was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only issue involved in this medical dispute. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 9-15-04 to 11-13-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of April 2005.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt

Enclosure: IRO Decision

March 31, 2005

TEXAS WORKERS COMP. COMMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:  
EMPLOYEE:  
POLICY: M5-05-1824-01  
CLIENT TRACKING NUMBER: M5-05-1824-01/5278

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:

- Notification of IRO Assignment, dated 03/22/05 - 1 page
- Texas Workers' Compensation Commission Form, dated 03/22/05 - 6 pages
- Explanation of Payment, dated 11/19/04-01/05/05 - 13 pages

Records Received from Michael Setliff, DC:

- Texas Workers' Compensation Commission Form, dated 03/22/05 - 1 page
- Physician Bill Review Findings, dated 11/22/04 3 pages
- Texas Workers' Compensation Commission Form, dated 03/04/05 - 1 page
- Letter from Michael Setliff, DC, undated - 1 page

### **Summary of Treatment/Case History:**

The patient was involved in a motor vehicle accident while on the job and sustained cervical, thoracic and lumbar sprains.

### **Questions for Review:**

1. Item(s) in dispute: CPT codes #99213 office visits, #97112 neuromuscular re-education, #97140 manual therapy, Denied by the carrier for medical necessity with V codes. Date(s) of service in dispute: 9/15/04 through 11/13/04.

### **Explanation of Findings:**

Question 1: Item(s) in dispute: CPT codes #99213 office visits, #97112 neuromuscular re-education, #97140 manual therapy, Denied by the carrier for medical necessity with V codes. Date(s) of service in dispute: 9/15/04 through 11/13/04.

The Center for Medicare and Medicaid Services (CMS) has stated, "Documentation should detail the specific elements of the chiropractic service for this particular patient on this day of service. It should be clear from the documentation why the service was necessary that day." In this case, no examinations or daily records were supplied for review to support the medical necessity of any of the treatments in dispute. Furthermore, without records, it is impossible to determine what was effective and beneficial, and what was not. Without medical treatment records that answer these basic questions, there is no documentation to support the medical necessity of the disputed treatment and all the care must be denied.

**Conclusion/Decision to Not Certify:**

Do not certify as medically necessary the services in question.

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

Guidelines from The Center for Medicare and Medicaid Services (CMS)

-----

This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has given numerous presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty 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.

1148999.1

sr