MDR Tracking Number: M5-03-0152-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 IRO reviewed the chiropractic office visits and physical therapy rendered from 11-01-01 to 4-17-02 that were denied based upon "T" or "U"

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 not the only issue** 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 April 2, 2003, 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$ (Maximum Allowable Reimbursement)	Reference	Rationale
10-22-01	99203	$75.00	$0.00	F	$74.00	CPT Code description	Report was not submitted to support service billed; therefore, no reimbursement is recommended.
10-22-01	73100	$60.00	$0.00	F	$42.00		
10-22-01	99080-73	$15.00	$0.00	F	$15.00		
10-24-01	99213	$50.00	$0.00	F	$48.00		
10-24-01	97010	$15.00	$0.00	F	$11.00		
10-24-01	97014	$15.00	$0.00	F	$15.00		
10-24-01 11-19-01	E1399	$16.00	$0.00	G	DOP	General Instructions GR (IV)	Disposable electrodes – the requestor billed electrical stimulation on this date. The documentation indicates that electrodes were given to provide sterile environment. The electrodes were utilized for electrical stimulation are global to the service. The requestor did not document that the electrodes were over and above those usually required. Therefore, no reimbursement is recommended.
2-26-02	95851	$50.00	$0.00	G	$36.00	CPT	Based upon the HCFA-1500, range of

						Code description	motion testing was the only service billed; therefore, it is not global to any service. Range of motion testing report supports billed service; reimbursement of $36.00 is recommended.
3-13-02	97010-76	$15.00	$0.00	F	$11.00		A review of the submitted documentation, indicates that the requestor exceeded the four modalities/procedures allowed; therefore, no reimbursement is recommended.
TOTAL		$311.00					The requestor is entitled to reimbursement of **$36.00.**

This Decision is hereby issued this 18th day of July 2003.

Elizabeth Pickle
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 $36.00 for 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 Decision is applicable for dates of service 10-22-01 through 4-17-02 in this dispute.

This Order is hereby issued this 18th day of July 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

December 4, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0152-01
IRO Certificate #: 4326

___ 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 ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ 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 .
___ 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 ___ 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 34 year old male sustained a work related injury on ___ when a piece of metal fell on his right hand. The company physician evaluated the patient, x-rays were taken and the hand, wrist, and forearm were casted. The patient then sought the care of a chiropractor and x-rays were obtained that revealed a right scaphoid fracture with early osteonecrosis of the distal element. The chiropractor referred the patient to an orthopedic surgeon and repeat x-rays were performed that revealed a displaced scaphoid fracture of the right wrist that was in good alignment. The hand did not heal and on 01/15/02, the patient underwent an open reduction and internal fixation of the right scaphoid with iliac crest bone graft.

Requested Service(s)

Chiropractic office visits with physical therapy from 11/01/01 through 04/17/01.

Decision

It is determined that the office visits with physical therapy from 11/01/01 through 04/17/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient was injured on ___ and was casted 8 days later. The patient was in a cast as of the first visit to the chiropractor on 10/22/01 and was diagnosed with a fracture of the scaphoid. The cast was applied to the hand, wrist, and forearm. The patient was accompanied by the chiropractor to the orthopedist on 10/29/01 and was placed in a long arm thumb spica cast and he remained in the cast up to the date of his surgery for open reduction and internal fixation on 01/15/02. Following the surgery the patient was placed in a short-arm cast on 02/21/02 and given a bone growth stimulator. The chiropractor treated the patient with physical therapy modalities to the casted upper extremity

on 21 occasions from 11/01/01 through 01/14/02. Treatments resumed on 03/04/02 and there were no records that indicated the patient was out of his cast. The chiropractor's records on 04/03/02 indicated that the cast had not been removed. The records also noted that the patient complained of pain over the iliac crest where the bone graft for the wrist was harvested. The patient was placed in a course of physical therapy from 03/04/02 through 04/17/02 that consisted of right hand joint mobilization being performed while the patient was casted. The patient was also treated with stretching exercises, stationary bicycle, balance and coordination exercises, and functional activities to the lower extremities during the period of time from 03/04/02 through 04/17/02. Physical therapy to the lumbar region and lower extremities was not appropriate for his stated diagnosis. In addition, the use of physical medicine procedures to the casted right hand was not medically necessary. Therefore, it is determined that the office visits with physical therapy provided from 11/01/01 through 04/17/02 were not medically necessary.

Sincerely,