

MDR Tracking Number: M5-03-0181-01

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 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(q)(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 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 May 15, 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
11-28-01	99213	\$48.00	\$0.00	F	\$48.00	CPT code description	The requestor submitted documentation to support billing of the office visit, reimbursement of
TOTAL		\$48.00					The requestor is entitled to reimbursement of \$48.00 .

This Decision is hereby issued this 2nd day of July 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Order.

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 11-28-01 through 3-26-01 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 2nd day of July 2003.

Roy Lewis
Medical Dispute Resolution Supervisor
Medical Review Division

March 18, 2003

Re: Medical Dispute Resolution
MDR #: M5.03.0181.01

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

This male claimant experienced immediate pain and swelling in his ankle following an on-the-job injury on _____. He was evaluated and aggressive treatment utilizing both passive and active therapies begun on 11/13/01. This intensive conservative treatment program did not resolve the patient's condition.

An MRI was inconclusive due to poor definition. The records also indicate that the patient received an injection. Surgical intervention was performed.

Disputed Services:

Chiropractic treatments from 11/28/01 through 03/26/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the treatments in question were medically necessary in this case.

Rationale for Decision:

Based on the documentation of subjective symptomatology, objective findings on each visit, as well as the specific treatment plan of action, all disputed services were, in fact, usual, reasonable, customary and medically necessary for this patient's recovery. An intensive conservative treatment program was performed, and when desired results were not produced, the patient was referred for surgical treatment, which was performed.

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.

Sincerely,