

MDR Tracking Number: M5-03-0223-01

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 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On March 19, 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 insurance carrier denied reimbursement for physical therapy treatments, coded 97124, 97110, 97035, 97250 rendered on 12-03-01, 12-5-01 and 12-7-01 based upon "A-Preauthorization Required But Not Requested".

Per Rule 134.600(h)(10) preauthorization is required for physical therapy beyond eight weeks of treatment. The claimant was injured on 12-10-97. The disputed dates of service 12-3-01 to 12-7-01 were beyond the initial eight weeks of physical therapy treatment; therefore, they required preauthorization approval.

The requestor did not submit written preauthorization approval reports for the physical therapy treatment rendered from 12-3-01 to 12-7-01. Therefore, reimbursement for the physical therapy treatment is not recommended.

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

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

March 18, 2003

REVISED CORRESPONDENCE

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Re: Medical Dispute Resolution
MDR #: M5.03.0223.01
IRO Certificate No.: 5055

Dear Ms. Lopez:

___ 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 injured his left hypothenar region while on his job on ____. Surgery was performed, followed by therapy.

Disputed Services:

Office visits w/manipulation, therapeutic exercises, miscellaneous DME, ultrasound therapy, myofascial release and unusual physician travel for the period of 09/13/01 thru 05/31/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the office visits, exercises, therapies, treatments and testing in question was not medically necessary in this case.

Rationale for Decision:

This treatment was not medically necessary due to the fact that it was not helping the patient. The injury occurred on ____, and the dates of service denied were some four years later. The patient has received therapy and rehabilitation, as well as surgery, with

basically no improvement. The record states that the patient experienced maybe a few hours of relief immediately after each treatment. In the professional opinion of the reviewer, the patient's problem should have been resolved by this time; and, he should have been at maximum medical improvement.

I am the Secretary and General Counsel of ___ 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.

Sincerely,