

MDR Tracking Number: M5-03-0370-01

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 office visits and unusual travel rendered from 9-10-01 to 2-21-02 that were denied based upon "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 July 2, 2002, 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:

Based upon submitted EOBs the insurance carrier paid for 99090, 97110 and 95851 on 9-10-01.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
8-14-01	99204	\$106.00	\$0.00	L	\$106.00	Rule 126.9	TWCC records do not support that requestor was treating doctor at this time. No documentation to support that ___ approved and coordinated treatment rendered; therefore, no reimbursement is recommended.
8-14-01	73610	\$63.00	\$0.00	L	\$63.00		
8-14-01 8-20-01	97110	\$70.00	\$0.00	L	\$35.00 / 15 min		
8-14-01 8-15-01 8-17-01 8-20-01	99082	\$17.00	\$0.00	L	DOP	Rule 126.9	TWCC records do not support that requestor was treating doctor at this time. No documentation to support that ___ approved and coordinated treatment

8-22-01 8-23-01 8-24-01 8-27-01 8-28-01							rendered; therefore, no reimbursement is recommended.		
8-15-01 8-17-01 8-20-01 8-22-01 8-23-01 8-24-01 8-27-01 8-28-01	99213	\$48.00	\$0.00	L	\$48.00	Rule 126.9	TWCC records do not support that requestor was treating doctor at this time. No documentation to support that ___ approved and coordinated treatment rendered; therefore, no reimbursement is recommended.		
8-15-01 8-23-01 8-24-01 8-27-01 8-28-01	97265	\$43.00	\$0.00	L	\$43.00	Rule 126.9	TWCC records do not support that requestor was treating doctor at this time. No documentation to support that ___ approved and coordinated treatment rendered; therefore, no reimbursement is recommended.		
8-15-01 8-23-01 8-24-01 8-27-01 8-28-01	97250	\$43.00	\$0.00	L	\$43.00				
8-15-01 8-23-01 8-24-01 8-27-01	97122	\$35.00	\$0.00	L	\$35.00				
8-15-01 8-17-01	97110	\$140.00	\$0.00	L	\$35.00 / 15 min				
8-22-01 8-23-01 8-24-01 8-27-01 8-28-01	97110	\$105.00	\$0.00	L	\$35.00 / 15 min				
8-17-01 8-20-01	99090	\$108.00	\$0.00	L	\$108.00				
8-17-01	95851	\$36.00	\$0.00	L	\$36.00				
8-20-01	97750	\$43.00	\$0.00	L	\$43.00				
9-10-01 9-12-01 9-25-01 10-3-01	99082	\$17.00	\$0.00	N	DOP			General Instructions GR (III)	Documentation does not meet DOP requirements. No reimbursement is recommended.
9-12-01	97122	\$35.00	\$0.00	F	\$35.00				Documentation supports billed service; reimbursement of \$35.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$35.00 .		

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 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 8-14-01 through 2-12-02 in this dispute.

This Order is hereby issued this 13th day of August 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

November 22, 2002

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ was injured on ___ when he slipped and fell forward while buffing a floor. He hurt his left ankle at this time. He reported initially having swelling, but when he was first seen on 7/11/01 by ___, the swelling had subsided. ___ diagnosed him with an ankle sprain (ICD 845.00) and prescribed medications and an air cast. The patient was to return to work in one week without restrictions and was to return for a follow-up visit in three weeks.

___, however, sought care from ___ on 8/14/01 without returning to ___. There was a notation that the patient was changed to ___ and then to ___. All of the doctors of chiropractic were associated with ___. The patient was aggressively treated with manipulation, traction, and active rehab for an eight-week period from 8/14/01 through 9/25/01. From 10/3/01 through 2/21/02 he was basically seen on a weekly basis “for reevaluation and follow-ups” (Pelletier 10/23/01 pg. 171)

DISPUTED SERVICES

Under dispute are office visits and unusual travel from 9/10/01 through 2/21/02 regarding Henry Benavides.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Under TWCC Rule 408.021, the patient is entitled to reasonable care if that care returns him to work, enables him to keep working or relieves his pain. The reviewer finds that none of these goals were satisfied, and that services in question (9/10/01 through 2/21/02) are non-compensable.

There was no swelling at the time of his first visit/exam on 7/11/01 by ___.

___ had pre-existing degenerative changes in his ankle but the records submitted do not show that this was causing pain or causing him to miss work. Injury to an area that is already damaged, deteriorated or degenerated will take longer to heal than injury to a normal or healthy area.

From the date of injury on ___ to his first visit on 8/14/01, the patient’s ankle was immobilized in an air cast and he was not receiving active care. This allows for adhesions to build – this will slow recovery.

X-rays taken on 8/14/01 by ___ showed “no evidence of contra indication to therapy.” These films were sent on 8/15/01 to ___ for a second opinion and found to be negative.

Neurological testing on his first visit of 8/14/01 to ____, was found to be normal – especially noted were “reflexes coordination and fine motor skills.”

An MRI was performed on 8/20/01 on the left ankle by ____ and the impression was a normal MRI exam.

The treatment plan on the first visit (8/14/01) called for daily visits for eight weeks. However, when one reads the day notes, you find that the patient only missed four visits that were scheduled per the day notes. The patient was not negligent in his compliance.

The patient’s pain scale did not change during the entire duration of treatment except for a period of two weeks when care was suspended.

The Chiropractic Peer Review (pg. 174) does not have the reviewer’s name or state license number on it. This is a violation of TWCC rule 133.304 if it was withheld from ____.

____ of ____ stated that ____ needed up to four weeks of care.

As an officer of ____, I certify that there is no known conflict between the reviewer, ____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

____ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,