

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-4642.M5**

MDR Tracking Number: M5-03-0410-01

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 office visits, physical therapy, supplies and therapeutic procedures rendered from 10-10-01 to 06-14-02 that were denied based upon "V".

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 21, 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:

Services denied without an EOB will be reviewed in accordance with Commission's *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
5-27-02 5-29-02 5-30-02	97124	\$56.00	\$0.00	No EOB	\$28.00/15 min	CPT Code Description Medicine GR (I)(A)(9)(b) (I)(C)(9)	Documentation supports billed service 3 X \$56.00 = \$168.00.
5-27-02 5-29-02 5-30-02	97139SS	\$35.00	\$0.00	No EOB	DOP	Medicine GR (I)(C)(1)(m)	Documentation supports billed service 3 X \$35.00 = \$105.00.
5-27-02 5-29-02 5-30-02	97139PH	\$35.00	\$0.00	No EOB	DOP	Medicine GR (I)(C)(1)(r)	Documentation supports billed service 3 X \$35.00 = \$105.00.
5-27-02	99070PH	\$7.00	\$0.00	No	DOP	General	Documentation supports

5-29-02 5-30-02				EOB		Instructions GR (IV)	billed service 3 X \$7.00 = \$21.00.
5-27-02 5-29-02 5-30-02	99212	\$32.00	\$0.00	No EOB	\$32.00	CPT Code Description	Documentation supports billed service 3 X \$32.00 = \$96.00.
5-27-02 5-29-02 5-30-02	97110	\$140.00	\$0.00	No EOB	\$35.00/15 min	Medicine GR (I)(A)(9)(b) (I)(A)(11)(a) (I)(C)(9)	Documentation supports billed service 3 X \$140.00 = \$420.00.
6-11-02	99499RR	\$500.00	\$100.00	M	DOP	E/M GR (XXII) Section 413.011(b)	Reports were not submitted to support billed service or that amount billed was fair and reasonable; therefore, reimbursement is not recommended.
TOTAL		\$1486.00					The requestor is entitled to reimbursement of \$915.00.

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 \$915.00 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 10-10-01 through 6-14-02 in this dispute.

This Order is hereby issued this 21st day of July 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

April 10, 2003

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

RE: MDR Tracking #: M5-03-0410-01
IRO Certificate #: IRO 4326

The ___ 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

The patient sustained a work-related injury on ___ when he was carrying a chest freezer off of a truck when the tailgate broke and he fell, causing him to strike his head on the concrete. An examination and MRI revealed degenerative changes and bulging to the cervical spine. The patient was not listed as an immediate surgical candidate and conservative care commenced including manipulations, physical modalities, massage, and therapeutic procedures.

Requested Service(s)

Office visits, physical therapy, supplies, and therapeutic procedures provided from 10/10/01 through 06/14/02.

Decision

It is determined that the office visits, physical therapy, supplies, and therapeutic procedures provided from 10/10/01 through 06/14/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that the patient continued with chiropractic care from the initial examination on 07/30/99 through subsequent re-examinations including 08/21/01, 10/02/01 and beyond. The treatment provided represents care that exceeds the reasonable expectations for recovery. The records indicate that the patient did not objectively respond to the chiropractic care, beyond what the expected natural history for this condition might be. From the initial examination on 07/30/99 through at least 08/21/01, there was no objective response or therapeutic gain. The records indicate recorded losses in muscle strength, ranges of motion and oswestry scores. Minimal increases were recorded as of 10/02/02, however the deficits were still profound given the fact that the patient was 7 years post injury and well in excess of two years following the initiation of care by the attending chiropractor. Therefore, the office visits, physical therapy, supplies, and therapeutic procedures provided from 10/10/01 through 06/14/02 were not medically necessary.

Sincerely,