

MDR Tracking Number: M5-03-0481-01

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, physical therapy, cushioned orthotic, and therapeutic lumbar support rendered from 4-10-02 to 6-10-02 that were denied based upon "U" and "V."

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.

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

On January 16, 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
5-28-02 6-5-02 6-7-02 6-10-02	97110	\$320.00	\$0.00	A	\$35.00/15 min	Rule 134.600(h)	Physical therapy is not a service identified in Rule 134.600(h) effective 1-1-02 that required preauthorization. Therefore, the review of the disputed services will be reviewed in

							accordance with MFG.  Documentation does not support 1 to 1 supervised treatment per MFG. No reimbursement is recommended.
TOTAL		\$1280.00					The requestor is not entitled to reimbursement.

This Decision is hereby issued this 25<sup>th</sup> 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 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 4-10-02 through 6-10-02 in this dispute.

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.

This Order is hereby issued this 25<sup>th</sup> day of July 2003.

Roy Lewis, Supervisor  
 Medical Dispute Resolution  
 Medical Review Division

December 27, 2002

**NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-03-0481-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on \_\_\_ external review panel. \_\_\_ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, \_\_\_ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 37 year-old gentleman who sustained a work related injury on \_\_\_. The patient reports being injured while climbing down a wet and slippery ladder when he slipped and fell, falling onto some metal beams. The patient sustained three fractured ribs, lower back and thoracic area injuries. The patient underwent a bone scan that confirmed the fractured ribs. The patient was treated with passive therapy that was increased to active therapy after improvement, cryo, heat, ultrasound, manipulation, and MFR.

### Requested Services

Office visits, physical therapy, cushioned orthotic, and therapeutic lumbar support from 4/10/02 through 6/10/02.

### Decision

The Carrier's denial of coverage for these services is overturned.

### Rationale/Basis for Decision

\_\_\_ chiropractor reviewer determined that the office visits, physical therapy, cushioned orthotic, and therapeutic lumbar support from 4/10/02 through 6/10/02 were medically necessary to treat this patient's condition. \_\_\_ chiropractic reviewer explained that the treatment rendered from 4/10/02 through 6/10/02 was reasonable and necessary. (Mercy Guidelines). \_\_\_ chiropractor reviewer also explained that the patient did respond to the treatment plan and treatment rendered. Therefore, \_\_\_ chiropractor consultant concluded that the office visits, physical therapy, cushioned orthotic, and therapeutic lumbar support from 4/10/02 through 6/10/02 were medically necessary to treat this patient's condition.

Sincerely,