

MDR Tracking Number: M5-03-0576-01

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 chiropractic treatment rendered from 9-21-01 to 1-3-02 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 June 2, 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
12-7-01 12-14-01 12-18-01 12-19-01 12-21-01 1-2-02 1-3-02	97035	\$25.00	\$0.00	A	\$22.00	Rule 134.600	Documentation was not submitted to support preauthorization was obtained. In addition, the requestor did not submit medical records to support billed service. No reimbursement is recommended.
12-7-01 12-14-01 12-18-01 12-19-01 12-21-01 1-2-02 1-3-02	97250	\$43.00	\$0.00	A	\$43.00		Documentation was not submitted to support preauthorization was obtained. In addition, the requestor did not submit medical records to support billed service. No reimbursement is recommended.

12-7-01 12-14-01 12-18-01 12-19-01 12-21-01 1-2-02 1-3-02	97110	\$140.0 0	\$0.00	A	\$35.00 / 15 min		Documentation was not submitted to support preauthorization was obtained. In addition, the requestor did not submit medical records to support billed service. No reimbursement is recommended.
12-7-01 12-14-01 12-18-01 12-19-01 12-21-01 1-2-02 1-3-02	99213	\$48.00	\$0.00	N	\$48.00	CPT Code Description	The requestor did not submit medical records to support billed service. No reimbursement is recommended.
TOTAL							The requestor is not entitled to reimbursement.

This Decision is hereby issued this 1st day of August 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 9, 2003

Re: IRO Case # M5-03-0576

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured her neck, left shoulder and hand on ___ while trying to open a door on a bus. She has been treated with chiropractic care, physical therapy, injections and medication.

Requested Service

Chiropractic treatment 9/21/01 – 1/3/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The patient had extensive conservative treatment over several months prior to the dates in dispute with poor results. Subjective complaints, according to the documentation of the treating doctor, remained unchanged throughout the treatment period prior to the dates in dispute. Complaints of moderate to severe pain for two months prior to the disputed dates show that treatment was ineffective, inappropriate, over utilized and possibly iatrogenic. I question the use of strengthening exercises when the patient complains of moderate to severe pain prior to the exercise.

The documentation provided by the doctor is very generalized with respect to objective findings, specific location of the chiropractic adjustment and physical therapy. The doctor states that joint mobilization, stretching and therapeutic exercises were prescribed, but the documentation is so limited that it does not indicate what areas of the body were treated, stretched, being strengthened or mobilized.

In order to continue treatment, documentation must prove that the treatment is effective in relieving symptoms or improving function. In this case there was no documented improvement of symptoms or function during the months of treatment prior to the dates in dispute, nor was there any improvement during the disputed dates of service.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,