

MDR Tracking Number: M5-03-0601-01

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 3-18-02 to 5-1-02 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 May 22, 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 *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
3-18-02 3-20-02	97139PH	\$35.00	\$0.00	No EOB	DOP	Medicine GR (I)(C)(1)(r)	Documentation was not submitted to support services rendered on 3/20/02. Medical records support billed service on 3-18-02. Reimbursement of \$35.00 is recommended.

3-18-02 3-20-02	99070PH	\$7.00	\$0.00	No EOB	DOP	General Instructions GR (IV)	Documentation was not submitted to support services rendered on 3/20/02. Medical records support billed service on 3-18-02. Reimbursement of \$7.00 is recommended
3-18-02	97265	\$43.00	\$0.00		\$43.00	CPT Code Description	Medical records support billed service on 3-18-02. Reimbursement of \$43.00 is recommended.
3-18-02 3-20-02 4-8-02	97110	\$35.00 \$70.00 \$70.00	\$0.00		\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	Documentation was not submitted to support services rendered on 3/20/02. Medical records support billed service on 3-18-02 and 4-8-02. Reimbursement of \$35.00 + \$70.00 = \$105.00 is recommended.
3-18-02 3-20-02 4-8-02	97113	\$208.00	\$0.00	No EOB	\$52.00 / 15 min	Medicine GR (I)(A)(9)(b)	Documentation was not submitted to support services rendered on 3/20/02. Medical records support billed service on 3-18-02 and 4-8-02. Reimbursement of 2 X \$208.00 = \$416.00 is recommended.
3-18-02 3-20-02	99212	\$32.00	\$0.00	No EOB	\$32.00	CPT Code Description	Documentation was not submitted to support services rendered on 3/20/02. Medical records support billed service on 3-18-02. Reimbursement of \$32.00 is recommended. The requestor did not submit medical records to support billed service. No reimbursement is recommended.
5-1-02	A9300	\$35.00	\$0.00	No	DOP	CPT Code	The requestor did not

				EOB		Description	submit medical records to support billed service. No reimbursement is recommended.
5-1-02	99213	\$48.00	\$0.00	No EOB	\$48.00	CPT Code Description	The requestor did not submit medical records to support billed service. No reimbursement is recommended.
TOTAL							The requestor is entitled to reimbursement of \$638.00.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$638.00 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 3-18-02 through 5-1-02 in this dispute.

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

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division

May 14, 2003

Re: MDR #: M5-03-0601-01

___ 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 56-year-old male sustained an injury to his spine in a work-related accident on ___. Initial exam was performed on 08/11/98. He is both diabetic and a smoker.

Disputed Services:

Office visits, phonophoresis and supplies, therapeutic procedures, and joint mobilization during the period of 03/21/01 through 04/30/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the services in question were not medically necessary in this case.

Rationale for Decision:

The patient's pain levels varied greatly from one day to the next. In the past, on different impairment ratings the patient had a 0% impairment rating and a 5% impairment rating. The fact that he is a diabetic and a smoker is definitely affecting his condition. The patient's care over the years has been very extensive, involving pool exercises and other groundwork. Over this period of time, the patient should have been doing exercises at home, as well as non-weight-bearing activity. A flare-up of symptoms should be treated as palliatively, to try to help relieve the pain. Typically, flare-ups will last about three days and then symptoms should subside with minimal care. Four to six weeks of treatments at 2-3 times a week is too extensive. The patient does not seem to be improving.

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,