**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO: 453-04-0144.M5**

MDR Tracking Number: M5-03-0619-01

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 care rendered from 3-6-02 to 5-28-02 that were denied based upon "U".

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 February 21, 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:

| DOS | CPT CODE | Billed | Paid | EOB Denial Code | MAR$ (Maximum Allowable Reimbursement) | Reference | Rationale |
|---|---|---|---|---|---|---|---|
| 10-30-01<br>11-2-01<br>11-5-01<br>11-6-01<br>11-7-01<br>11-8-01<br>11-9-01<br>11-12-01<br>11-13-01<br>12-8-01<br><br>12-10-01<br>12-11-01<br>4-1-02<br>4-3-02<br>4-11-01 | 97265 | $43.00 | $0.00 | G | $43.00 | CPT Code description TWCC and the Importance of Proper Coding | Joint mobilization is not global to any of the services rendered on this date.<br><br>Documentation supports billed service. Reimbursement is recommended of 15 X $43.00 = $645.00. |
| 4-3-02 | 97110 | $140.00 | $0.00 | F | $35.00/ 15 min | Medicine GR (I)(A)(9)(b) | Documentation does not support billed service. 1 to 1 supervision is not documented. Reimbursement is not recommended. |
| 10-31-01<br>11-16-01<br>12-3-01<br>4-1-02 | 95851 | $36.00 | $0.00 | F | $36.00 | CPT Code description TWCC and the Importance of Proper Coding | Documentation supports billed service. Reimbursement is recommended of 4 X $36.00 = $144.00. |
| 11-1-01<br>11-20-01<br>3-21-02<br>4-11-02 | 97750MT | $43.00 | $0.00 | G | $43.00 / body area | Medicine GR (I)(E)(3) | Muscle testing is not global to any of the services rendered on this date.<br><br>Documentation supports billed service. Reimbursement is recommended of 4 X $43.00 = $172.00. |
| 5-28-02 | 99213 | $48.00 | $0.00 | G | $48.00 | CPT Code description | Office visit is not global to any of the services rendered on this date.<br><br>Documentation supports billed service. Reimbursement is recommended of $48.00. |
| TOTAL | | $1009.00 | | | | | The requestor is entitled to reimbursement of **$1009.00.** |

This Decision is hereby issued this 1st day of August 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 10-30-01 through 5-28-02 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 1st day of August 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

February 13, 2003

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491\
Fax: 512.804.4868

Re: Medical Dispute Resolution
MDR #: M5.03.0619.01
IRO Certificate #: 5055

Dear Ms. Lopez:

___ 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 doctor of Chiropractic medicine.

Clinical History:
This male claimant underwent surgery on his disc following an injury on his job on ___.

Disputed Services:
Chiropractic care from 03/16/02 through 05/28/02.

Decision:
The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the chiropractic care rendered was medically necessary in this case.

Rationale for Decision:
The medical records provided indicate that the patient was in need of continued care due to the surgery on his disc on 02/07/02. The prescribed treatment plan of chiropractic care and work hardening was well within normal standards for an injury of this magnitude. In addition, an RME on 10/01/02 revealed that the patient was still not at MMI.

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,