

MDR Tracking Number: M5-03-0632-01

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 4-18-02 to 6-17-02 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 23, 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 that were denied based upon EOB denial code, "No EOB" and the 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
6-6-02 6-17-02	99211	\$18.00	\$0.00	No EOB	\$18.00	CPT Code Description	Documentation supports billed service, reimbursement of 2 X \$18.00 = \$36.00 is recommended
6-6-02 6-17-02	97124	\$56.00	\$0.00	No EOB	\$28.00/ 15 min	CPT Code Description	Documentation supports billed service, reimbursement of 2 X \$56.00 = \$112.00 is recommended.
5-2-02 5-23-02 6-6-02	97110	\$140.00	\$0.00	No EOB	\$35.00 each 15 minutes	Medicine GR (I)(A)(9)(b)	Documentation supports billed service, reimbursement of 4 X

6-17-02							\$140.00 = \$560.00 is recommended.
TOTAL		\$708.00					The requestor is entitled to reimbursement of \$708.00

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$708.00 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 to dates of service 4-18-02 through 6-17-02 in this dispute.

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

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division

May 21, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0632-01

___ 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 the ___ external review panel. The ___ 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, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 44 year-old male who sustained a work-related injury on ___. The patient reported that while at work he was lifting a 19” television set onto an AV cart when he experienced left shoulder and neck pain. The diagnoses for this patient include a cervical spine sprain/strain, sprain/strain of shoulder & upper arm, myalgia and myositis and rotator cuff injury. The patient underwent a MRI on 10/6/01. The patient has been treated with joint mobilization, physical medicine modalities, aquatic therapy, and therapeutic phonophoresis.

Requested Services

Office visits, physical therapy, therapeutic procedures and supplies from 4/18/02 through 06/17/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 44 year-old male who sustained a work related injury to his left shoulder and neck on ____. The ___ chiropractor reviewer also noted that the diagnoses for this patient included cervical spine sprain/strain, sprain/strain of shoulder & upper arm, myalgia and myositis and rotator cuff injury. The ___ chiropractor reviewer further noted that the patient was treated with physical therapy and therapeutic procedures from 4/18/02 through 6/17/02. The ___ chiropractor reviewer explained that the exam findings of 3/29/02 show that the patient had regressed from his original condition on 9/11/01. The ___ chiropractor reviewer also explained that the documentation provided did not describe an exacerbation of the original injury indicating the need for further treatment. The ___ chiropractor reviewer indicated that this patient's range of motion had not progressed with treatment between 9/13/01 and 6/17/02. The ___ chiropractor reviewer noted that there is only a 2% improvement in this patient's overall rating from 3/29/02 to 5/17/02. The ___ chiropractor reviewer explained that after 9 months of care it would be expected that the patient should improve with care or discontinue the treatment. Therefore, the ___ chiropractor consultant concluded that the office visits, physical therapy, therapeutic procedures and supplies from 4/18/02 through 6/17/02 were not medically necessary to treat this patient's condition.

Sincerely,