

MDR Tracking Number: M5-03-0664-01

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 work conditioning rendered from 3-19-02 to 3-22-02 denied based upon “U” were found to be medically necessary.

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(r)(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.

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.

On February 27, 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, “D” and “E,” and the Medical Review Division’s rationale:

A TWCC-21 was not filed disputing the compensability of treatment in accordance with Section 408.027(d); therefore, services denied with EOB denial code “E” will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
11-1-01	95851	\$40.00	\$0.00	D	\$36.00	CPT Code Description	Documentation supports billed service; reimbursement of \$36.00 is recommended.
4-25-02 6-27-02 7-30-02	99213	\$48.00	\$0.00	E	\$48.00	CPT Code Description	Documentation supports billed service; reimbursement of 3 X \$48.00 = \$144.00.
3-25-02	97545WC	\$72.00	\$0.00	E	\$72.00	Medicine	Documentation supports billed

3-26-02 4-1-02 4-2-02 4-3-02						GR (II)(D)	service; reimbursement of 5 X \$72.00 = \$360.00	
3-25-02 3-26-02 4-1-02 4-2-02 4-3-02	97546WC	\$216.00	\$0.00	E	\$36.00/ hr	Medicine GR (II)(D)	Documentation supports billed service; reimbursement of 5 X \$216.00 = \$1080.00	
7-30-02	97014	\$17.00	\$0.00	E	\$15.00	CPT Code Description	Documentation supports billed service; reimbursement of \$15.00 is recommended.	
TOTAL		\$1635.00						The requestor is entitled to reimbursement of \$1635.00.

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

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 11-1-01 through 7-30-02 in this dispute.

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

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

February 5, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M5 03 0664 01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ was injured on his job when, according to the treating doctor's records, he was doing turkey processing and was lifting ice boxes full of turkeys onto a conveyor belt. In doing so, he twisted his low back and then slipped and fell on some ice that had fallen out of the boxes. He was treated with extensive care for a lumbar disc syndrome lacking myelopathy, as well as a myofascial pain syndrome and deconditioning. FCE was performed in January of 2002 and indicated that the patient had poor mechanics, but lifted well to tolerance. A subsequent FCE indicated that the patient could lift up to 50 pounds, considered borderline heavy lifting.

#### DISPUTED SERVICES

\_\_\_ is asked to review only work conditioning from March 19, 2002 through March 22, 2002.

#### DECISION

The reviewer disagrees with the previous adverse determination.

#### BASIS FOR THE DECISION

While this case is an amazingly well documented study, I find indication that work conditioning was a reasonable treatment for this gentleman. The initial FCE did indicate that this patient was nearing normal in his ability to function on his job, but it was "borderline" at best. The second FCE clearly demonstrated a heavy job lifting capability and improvement in the patient's ability to do his job. Clearly, this demonstrates the patient did have a need and indeed responded to the care rendered by the clinic. As a result, this care would be considered a necessary treatment by the treating doctor.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,