

MDR Tracking Number: M5-03-0705-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General 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. This dispute was received on 10-31-02.

The IRO reviewed chiropractic treatment, therapeutic exercises, joint mobilization and muscle testing rendered from 11-15-01 through 5-14-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

The IRO concluded that range of motion, muscle testing procedures, joint mobilization, outpatient visits, and 1 unit of therapy each visit from 11-15-01 through 5-14-02 were medically necessary. The IRO also concluded that 3 units of therapy at each visit from 11-15-01 through 5-14-02 were not medically necessary.

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees (\$1154.00). 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.

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 denied based upon EOB denial code "F," "T," "D," and "G" that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On November 6, 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
-----	----------	--------	------	-----------------	---	-----------	-----------

11-15-01 11-19-01 11-20-01 11-21-01 11-23-01 11-26-01 11-27-01 11-28-01 11-29-01 12-3-01 12-4-01 12-5-01 12-6-01 12-17-01 12-18-01 12-19-01 12-20-01 12-24-01 12-26-01 12-27-01	97110 (X4)	\$140.00	\$35.00	F, T	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	Exclusive one to one supervised therapy was not documented to support the medical necessity of more than one unit of therapy per date. The provider did not support treatment per MFG, additional reimbursement is not recommended.
12-10-01 12-31-01	97110 (X3)	\$105.00	\$35.00	F, T	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	
11-15-01 12-3-01 12-17-01 1-2-02	95851	\$36.00	\$0.00	G	\$36.00 ea	Medicine GR (I)(E)(4)	ROM testing was not global to any service billed on this date, reimbursement of 4 dates X \$36.00 = \$144.00.
12-4-01 1-4-02	97750MT	\$43.00	\$0.00	G	\$43.00 / body area	Medicine GR (I)(D) and (I)(E)(3)	Muscle testing was not global to any service billed on this date, reimbursement of 2 dates X \$43.00 = \$86.00.
12-10-01 12-11-01 12-12-01 12-13-01	97265	\$43.00	\$0.00	N	\$43.00	CPT Code description	SOAP note documents billed service. Reimbursement is recommended of 4 dates X \$43.00 = \$172.00.
2-21-02 2-26-02 3-4-02 3-11-02 3-18-02 3-25-02	99213	\$48.00	\$0.00	G	\$48.00	CPT Code description Evaluation & Management GR (IV)	Office visit notes are not global to any service billed. Reimbursement is recommended of 6 X \$48.00 = \$288.00.
TOTAL							The requestor is entitled to reimbursement of \$690.00.

This Decision is hereby issued this 4th day of December 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 11-15-01 through 5-14-02 in this dispute.

This Order is hereby issued this 4th day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

February 21, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0705-01

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

Clinical History

This case concerns a 32 year-old female who sustained a work related injury to her lumbar back on ___. The nature of the injury is unclear in the documents provided. The patient reported tenderness and soreness located at the lumbar spinal region to the right. The patient also reported decreased range of motion and muscle spasms in the lumbar spinal are.

The patient has been treated with specific spinal manipulation, myofascial release, joint mobilization, and manual traction.

Requested Services

MP office outpatient visits, therapeutic exercises, joint mobilization and muscle testing from 11/15/01 through 5/14/02.

Decision

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

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that the patient sustained a work related injury to his back on ___. The ___ chiropractor reviewer also noted that the patient was treated with range of motion, muscle testing, joint mobilization, MP outpatient visits, and therapy. The ___ chiropractor reviewer explained that range of motion and muscle testing, when performed by the chiropractor, are used as guidelines in evaluating a patient's progress and help determine the future course of care. The ___ chiropractor reviewer also explained that joint mobilization is defined as a separate entity from mobilization and was documented as being done on each visit. The ___ chiropractor reviewer noted that the patient had MP outpatient visits from 1/22/02 through 5/14/02. The ___ chiropractor reviewer explained that the visits from 1/22/02 through 5/14/02 were medically necessary as the care for this patient was decreasing while the patient was attending a work hardening program. The ___ chiropractor noted that the patient was treated with 4 units of therapy each visit. However, the ___ chiropractor reviewer explained that the documentation provided did not show what was done for 4 units of therapy. Therefore, the ___ chiropractor consultant concluded that the range of motion, muscle testing procedures, joint mobilization, outpatient visits, and 1 unit of therapy each visit from 11/15/01 through 5/14/02 were medically necessary to treat this patient's condition. The ___ chiropractor consultant also concluded that 3 units of therapy at each visit from 11/15/01 through 5/14/02 were not medically necessary to treat this patient's condition.

Sincerely,