

MDR Tracking Number: M5-03-0749-01

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 1-2-02 to 2-14-02 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 5, 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 that were 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
11-12-01 2-11-02	97014	\$17.00	\$0.00	No EOB	\$15.00	CPT Code description	SOAP note supports billed service, reimbursement of 2 dates X \$15.00 = \$30.00 is recommended.
12-14-01	97250	\$43.00	\$0.00	F	\$43.00	CPT Code description	SOAP note supports billed service, reimbursement of \$43.00 is recommended.

2-11-02	99214	\$75.00	\$0.00	No EOB	\$71.00	Evaluation & Management GR (IV)	SOAP note supports billed service, reimbursement of \$71.00 is recommended.
2-11-02	97110 (8 units)	\$280.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	SOAP note does not support the medical necessity for one to one supervision per MFG. No reimbursement is recommended.
2-14-02	95851	\$40.00	\$0.00	No EOB	\$36.00	CPT Code description Medicine GR (I)(E)(4)	ROM report supports billed service, reimbursement of \$36.00 is recommended.
2-14-02	97750-MT	\$129.00	\$0.00	No EOB	\$43.00 / body area	Medicine GR (I)(E)(3)	Muscle testing of upper extremities report supports billing of one body area. Reimbursement of \$43.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$223.00

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 11-12-01 through 2-14-02 in this dispute.

This Decision and Order is hereby issued this 22nd day of August 2003.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division

February 28, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0749-01

___ 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 42 year-old female who sustained a work related injury on ___. The patient reported that while at work as a medical records clerk, she was pulling on a chart with both hands when she felt a pop in her left lateral wrist. The patient reported feeling immediate pain. The patient was initially treated with physical therapy and cortisone injection. She underwent left wrist surgery, chiropractic care, physical medicine treatments including active and passive therapy, and oral pain medications. The diagnoses for this patient included DeQuervain's tenosynovitis of the left wrist, post surgical status left DeQuervain's release, right ganglion cyst.

Requested Services

Chiropractic services from 1/2/02 through 2/14/02.

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 the patient sustained a work related injury to her left wrist. The ___ chiropractor reviewer also noted that the patient was treated with physical therapy, cortisone injection, and then surgery. The ___ chiropractor reviewer explained that after the surgery the patient was treated with chiropractic care from 1/2/02 through 2/14/02. The ___ chiropractor reviewer noted that the patient was also treated with physical medicine treatments including active and passive therapy, and oral pain medications. The ___ chiropractor reviewer also noted that the documents provided showed that on 1/14/02 the patient had complained of feeling worse after the treatments. The ___ chiropractor reviewer explained that the patient had shown a small amount of improvement during the initial course of care. The ___ chiropractor reviewer

indicated during that time, the patient could have been taught how to do the exercise program at home. The ___ chiropractor reviewer explained that the patient could have performed the exercises at home. The ___ chiropractor reviewer also explained that the patient did not require two hours a day of supervised care for a condition that showed no visible changes. The ___ chiropractor reviewer further explained that the patient's condition was chronic and that it is unlikely that there would be any significant improvement. Therefore, the ___ chiropractor consultant concluded that the chiropractic services from 1/2/02 through 2/14/02 were not medically necessary to treat this patient's condition.

Sincerely,

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