

MDR Tracking Number: M5-03-0765-01

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 and diagnostic studies rendered from 3-29-02 to 5-23-02 that were denied based upon "U" or "V".

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.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-10-02 5-16-02 5-23-02	97110 (4)	\$140.00	\$0.00	U	\$35.00 / 15 min	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 3 dates X \$140.00 = \$420.00 is recommended.
4-22-02 4-25-02 4-27-02 4-30-02 5-2-02 5-3-02 5-6-02 5-9-02 5-14-02 5-15-02 5-20-02 5-21-02	97113 (4)	\$224.00	\$0.00	U	\$52.00 / 15 min X 4 = \$208.00		IRO concluded these services were medically necessary; therefore reimbursement of 12 dates X \$208.00 = \$2496.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$2916.00.

The IRO concluded that the therapeutic procedures and aquatic exercises provided from 4-22-02 through 5-23-02 were medically necessary. All other physical therapy services were not medically necessary.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The commission has determined that **the requestor prevailed** on the majority of the medical fees (\$2916.00). 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. 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On March 10, 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:

The TWCC-60 identified services rendered on 3-26-02. These services were not considered because they were already addressed in a Findings and Decision issued on 10-10-02 under docket Number M5-02-2686-01.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-22-02	97010	\$15.00	\$0.00	No EOB	\$11.00	Rule 133.307(g)(3)	The requestor did not submit medical records to support billed service.
TOTAL							The requestor is not entitled to reimbursement.

This Decision is hereby issued this 6th 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 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 3-29-02 through 5-23-02 in this dispute.

This Order is hereby issued this 6th day of August 2003.

Roy Lewis
 Medical Dispute Resolution Supervisor
 Medical Review Division

February 27, 2003

MDR Tracking #: M5 03 0765 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

This patient was injured on his job when he suffered an inversion sprain to the right ankle. He had suffered a fracture and underwent surgical open reduction/internal fixation more than 20 years previous to this injury. CT revealed bone fragments from the older injury, but no acute fracture. The treating provider, ___, prescribed a therapy program to include passive and active care for the patient. Apparently ___ suffered a knee injury during his treatment program, as well. MRI of the right knee was performed on November 12, 2002, which demonstrated mild degeneration with joint effusion.

DISPUTED SERVICES

The carrier has denied the medical necessity of physical medicine performed from April 19, 2002 through May 23, 2002.

DECISION

The reviewer agrees with the prior adverse determination regarding thermal modalities (97010), electrical stimulation (97014), and massage therapy (97124).

The reviewer disagrees with the prior adverse determination regarding therapeutic exercises (97110) and aquatic exercises (97113).

BASIS FOR THE DECISION

The patient was several weeks past the acute stage at the beginning of this disputed treatment. Passive therapy and massage would likely be ineffective in a case such as this and it is highly unlikely that any benefit other than palliative will come of it at that point. Even palliative relief is of doubt at that point in time. However, this patient was clearly not the standard sprain/strain patient, as he had a history of a previous fracture in the ankle that also had residual joint fragments. It is very difficult to "quickly" rehabilitate an injury that has this history and the low impact of aquatic therapy was not only appropriate, it likely helped this patient reach MMI at the most efficient rate.

___ 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 ___, Inc, dba ___, 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,