

MDR Tracking Number: M5-03-0786-01

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 physical therapy rendered from 3-1-02 to 5-31-02 that were denied based upon "U".

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(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** 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.

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

On March 20, 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
5-13-02	97750FC	\$400.00	\$0.00	No EOB	\$100.00/hr	Medicine GR (I)(E)(2)(a) Rule 133.307(g)(3)	Report not submitted to support billed service. No reimbursement is recommended.

5-20-02	97545WC	\$90.00	\$0.00	No EOB	\$36.00/hr	Medicine GR (II)(D)(7)	Daily treatment notes to support billed service was not submitted. No reimbursement is recommended.
5-21-02							
5-22-02							
5-23-02							
5-24-02							
5-28-02							
5-29-02							
5-31-02							
5-31-02	97546WC	\$90.00	\$0.00	No EOB	\$36.00/hr		
TOTAL							The requestor is not entitled to reimbursement.

This Decision is hereby issued this 6th of August 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 3-1-02 through 5-31-02 in this dispute.

In accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee.

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

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

March 12, 2003

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-03-0786-01
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This 38-year-old female patient injured her back on the job on ___, complaining of pain in her lower back and left lower extremity. She was initially given an injection for pain, muscle relaxants, oral pain medication, and a Medrol Dosepak.

An initial orthopedic evaluation was done on 02/23/01. She had a known history of a herniated disc at L4-L5. On 12/03/01, an L-4 and L-5 laminotomy was done, with nerve root decompression at both levels. Rehabilitation included physical therapy. The surgeon estimated maximum medical improvement would be reached about June 2002.

Disputed Services:

Physical therapy from 03/01/02 through 05/31/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the therapy during the period named above was medically necessary in this case.

Rationale for Decision:

Sufficient objective and subjective evidence of the patient's improvement with physical therapy was found both in physician and in physical therapy notes to justify prolonged physical therapy.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,