

MDR Tracking Number: M5-03-0790-01

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, 2003 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 physical therapy treatment rendered from 12-28-01 to 8-21-02 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.

The IRO determined that the following treatment was medically necessary:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
12-28-01 1-2-02 1-3-02 1-4-02 2-27-02 3-1-02 3-14-02 3-15-02 3-20-02 5-1-02 5-3-02 5-7-02 5-10-02 5-15-02 5-17-02 5-24-02 5-30-02 5-31-02 6-11-01 6-14-01 6-19-01 6-21-01	99213	\$48.00	\$0.00	V	\$48.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 22 X \$48.00 = \$1056.00 is recommended.
1-2-02 2-28-02	99080	\$15.00	\$0.00	V	\$15.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 2 X \$15.00 = \$30.00 is recommended.
2-28-02	99214	\$71.00	\$0.00	V	\$71.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of \$71.00 is

							recommended.
2-28-02 3-1-02 3-14-02 3-15-02 3-20-02 5-1-02 5-3-02 5-7-02 5-15-02 5-17-02 5-30-02 5-31-02 6-11-01 6-14-01 6-19-01 6-21-01	97250	\$43.00	\$0.00	U	\$43.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 16 X \$43.00 = \$688.00 is recommended.
2-28-02 3-1-02 3-20-02 5-1-02 5-3-02 5-30-02 6-21-02	97035	\$44.00	\$0.00	V	\$22.00 /15 min	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 7 X \$44.00 = \$308.00 is recommended.
2-28-02 3-1-02 3-15-02 5-1-02 5-7-02 5-10-02 5-15-02 5-17-02 5-24-02 5-30-02 5-31-02 6-11-01 6-14-01 6-19-01 6-21-01	97265	\$43.00	\$0.00	V	\$43.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 15 X \$43.00 = \$645.00 is recommended.
3-1-02 3-15-02 3-20-02 5-10-02	97112	\$70.00	\$0.00	V	\$35.00/15 min	Medicine GR (I)(A)(9)(b) and (I)(C)9)	IRO concluded these services were medically necessary; therefore reimbursement of 4 X \$70.00 = \$280.00 is recommended.
3-14-02	97110	\$105.00	\$0.00	V	\$35.00/15 min	Medicine GR (I)(A)(9)(b) and (I)(C)9)	IRO concluded these services were medically necessary; therefore reimbursement of \$105.00 is recommended.
3-14-02 3-15-02 3-20-02 5-1-02 5-3-02 5-7-02 5-10-02 5-15-02 5-17-02	97122	\$70.00	\$0.00	V	\$35.00/15 min	Medicine GR (I)(A)(9)(b) and (I)(C)9)	IRO concluded these services were medically necessary; therefore reimbursement of 16 X \$70.00 = \$1120.00 is recommended.

5-24-02							
5-30-02							
5-31-02							
6-11-01							
6-14-01							
6-19-01							
6-21-01							
5-3-02	97039	\$100.00	\$0.00	V	DOP	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 11 X \$100.00 = \$1100.00 is recommended
5-7-02							
5-10-02							
5-15-02							
5-17-02							
5-31-02							
6-6-02							
6-11-02							
6-14-02							
6-19-02							
6-21-02							
5-24-02	97010	\$11.00	\$0.00	V	\$11.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of \$11.00 is recommended
5-24-02	97014	\$15.00	\$0.00	V	\$15.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of \$15.00 is recommended
TOTAL		\$5429.00					The requestor is entitled to reimbursement of \$5429.00.

The IRO concluded that all other services provided 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.

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees (\$5429.00). 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.

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

On April 2, 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1-23-02	99090	\$108.00	\$0.00	F	\$108.00	CPT code Description	Report supports billed service, reimbursement of \$108.00 is recommended.
3-21-02 3-22-02	99213	\$48.00	\$24.00	H	\$48.00	CPT code Description	Report supports billed service, reimbursement of 2 X \$48.00 = \$96.00 minus amount paid of \$48.00 = \$48.00 is recommended.
3-21-02	97010	\$11.00	\$5.50	H	\$11.00	CPT code Description	Report supports billed service, reimbursement of \$11.00 minus amount paid of \$5.50 = \$5.50 is recommended.
3-21-02 3-22-02	97265	\$43.00	\$21.50	H	\$43.00	CPT code Description	Report supports billed service, reimbursement of 2 X \$43.00 = \$86.00 minus amount paid of \$43.00 = \$43.00 is recommended.
3-21-02 3-22-02	97250	\$43.00	\$21.50	H	\$43.00	CPT code Description	Report supports billed service, reimbursement of 2 X \$43.00 = \$86.00 minus amount paid of \$43.00 = \$43.00 is recommended
3-21-02 3-22-02	97012	\$20.00	\$10.00	H	\$20.00	CPT code Description	Report supports billed service, reimbursement of 2 X \$20.00 = \$40.00 minus amount paid of \$20.00 = \$20.00 is recommended
3-22-02	97035	\$44.00	\$22.00	H	\$44.00	CPT code Description	Report supports billed service, reimbursement of \$44.00 minus amount paid of \$22.00 = \$22.00 is recommended.
4-2-02	97122	\$70.00	\$0.00	N	\$35.00/15 min	CPT code Description	Report supports billed service, reimbursement of \$70.00 is recommended.
6-6-02	97265	\$43.00	\$00.00	F	\$43.00	CPT code Description	Report supports billed service, reimbursement of \$43.00 is recommended.
6-6-02	97122	\$70.00	\$0.00	F	\$35.00/15 min	CPT code Description	Report supports billed service, reimbursement of \$70.00 is recommended.

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's job was to perform data entry. She suffered injuries to her right wrist, elbow, shoulder, and neck due to a repetitive motion injury on ____. The patient had an EMG performed on 10/4/02 with the following results: chronic and severe right carpal tunnel, chronic and severe right cubital tunnel syndrome, chronic and severe radial tunnel syndrome and right chronic moderate to severe C6 radiculopathy. This patient has been treated with manipulation, physical therapy, exercise therapy, medicines, and injections. She had carpal tunnel decompression on 11/11/02. According to the treatment notes provided, the majority of this patient's subjective symptoms fluctuate between moderate and moderate to severe. The records do not indicate that this patient has returned to any type of employment within this time.

DISPUTED SERVICES

Under dispute are the physical therapy and chiropractic treatments rendered from 12/28/01 through 8/21/02 for this patient.

DECISION

The reviewer both agrees and disagrees with the prior adverse determination.

The reviewer finds that all care and office visits rendered on the following dates of service were medically necessary and appropriate: 12/28/01 through 1/19/02, 2/22/02 through 3/22/02, and 4/24/02 through 6/24/02.

All other passive or active physical therapy and office visits were not found to be medically necessary.

BASIS FOR THE DECISION

There is evidence that the patient's condition was exacerbated by an RME on 11/19/01. It is deemed that all care from 12/28/01 through 1/19/02 is both reasonable and necessary, as this would give the patient two months to recover from this exacerbation. The patient had an injection into the right wrist on 2/22/02, with follow-up physical therapy recommended. All care is deemed appropriate from 2/22/02 through 3/22/02. The patient saw an orthopedic surgeon on 4/24/02 and he recommended eight weeks of physical therapy to her right shoulder for strengthening and stretching of the rotator cuff muscles. It is found that office visits and physical therapy from 4/24/02 through 6/24/02 are both

reasonable and medically necessary. All objective and subjective medical reports and treatment notes show no long-term improvements in this patient's condition, so all other passive or active physical therapy and office visits are not deemed medically necessary.

___ 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,