

MDR Tracking Number: M5-03-0848-01

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, reports, and testing rendered from 1-29-02 to 7-16-02 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 \$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.

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 June 16, 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 |
|--|----------|---------|--------|-----------------|---|---|--|
| 1-21-02 1-22-02 1-23-02 1-24-02 1-25-02 1-28-02 | 99213 | \$48.00 | \$0.00 | No EOB | \$48.00 | CPT Code description TWCC and the Importance of Proper Coding | Documentation supports billed service. Reimbursement is recommended of 6 dates X \$48.00 = \$288.00. |
| 1-21-02 1-22-02 1-24-02 1-25-02 | 97122 | \$35.00 | \$0.00 | No EOB | \$35.00 | CPT Code description TWCC and the | Documentation supports billed service. Reimbursement is recommended of 5 dates X \$35.00 = \$175.00. |

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| 1-28-02 | | | | | | Importance of Proper Coding | |
| 1-21-02 1-22-02 1-24-02 1-25-02 1-28-02 | 97250 | \$43.00 | \$0.00 | No EOB | \$43.00 | CPT Code description TWCC and the Importance of Proper Coding | Documentation supports billed service. Reimbursement is recommended of 5 dates X \$43.00 = \$215.00. |
| 1-21-02 1-22-02 1-23-02 1-24-02 1-25-02 1-28-02 | 97110 (4 units) | \$140.00 | \$0.00 | No EOB | \$35.00/ 15 min | Medicine GR (I)(A)(9)(b) | Documentation does not support billed service. 1 to 1 supervision is not documented. Reimbursement is not recommended. |
| 1-21-02 1-22-02 1-24-02 1-25-02 1-28-02 | 97265 | \$43.00 | \$0.00 | N | \$43.00 | CPT Code description | Documentation supports billed service. Reimbursement is recommended of 5 dates X \$43.00 = \$215.00. |
| 4-23-02 5-14-02 5-15-02 5-20-02 5-21-02 | 97545WH (2 hours) | \$102.40 | \$0.00 | A | \$51.20/hr | Medicine GR (II)(E) | Forte gave preauthorization approval on 4-23-02 for 6 weeks of work hardening program. Work hardening reports supports billed service. Reimbursement is recommended of 5 dates X \$102.40 = \$512.00. |
| 4-23-02 5-14-02 5-15-02 5-20-02 5-21-02 | 97546WH (6 hours) | \$307.20 | \$0.00 | A | \$51.20/hr | Medicine GR (II)(E) | Forte gave preauthorization approval on 4-23-02 for 6 weeks of work hardening program. Work hardening reports supports billed service. Reimbursement is recommended of 5 dates X \$307.20 = \$1536.00. |
| 6-11-02 | 97750FC | \$200.00 | \$0.00 | F | \$100.00/hr | Medicine GR (I)(E)(2)(a) | FCE report was not submitted. Reimbursement is not recommended. |
| 5-22-02 | 97545WH | \$102.40 | \$0.00 | F | \$51.20/hr | Medicine GR (II)(E) | Work hardening reports supports billed service. Reimbursement is recommended of \$102.40. |

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|---|----------------------|----------|--------|---|------------|--|--|
| 5-13-02 5-16-02 5-17-02 5-23-02 5-24-02 5-28-02 5-29-02 5-30-02 5-31-02 6-3-02 | 97545WH (2 hours) | \$102.40 | \$0.00 | U | \$51.20/hr | Medicine GR (II)(E) Rule 133.301(a) | Forte gave preauthorization approval on 4-23-02 for 6 weeks of work hardening program. Therefore, is in non-compliance of Rule 133.301(a) by retrospectively denying preauthorized treatment based upon medical necessity. Work hardening reports supports billed service. Reimbursement is recommended of 10 dates X \$102.40 = \$1024.00. |
| 5-13-02 | 97546WH (4 hours) | \$204.80 | \$0.00 | U | \$51.20/hr | Medicine GR (II)(E) Rule 133.301(a) | Forte gave preauthorization approval on 4-23-02 for 6 weeks of work hardening program. Therefore, is in non-compliance of Rule 133.301(a) by retrospectively denying preauthorized treatment based upon medical necessity. Work hardening reports supports billed service. Reimbursement is recommended of \$204.80. |
| 5-16-02 5-17-02 5-22-02 5-23-02 5-24-02 5-28-02 5-30-02 5-31-02 6-3-02 | 97546WH (6 hours) | \$307.20 | \$0.00 | U | \$51.20/hr | Medicine GR (II)(E) Rule 133.301(a) | Forte gave preauthorization approval on 4-23-02 for 6 weeks of work hardening program. Therefore, is in non-compliance of Rule 133.301(a) by retrospectively denying preauthorized treatment based upon medical necessity. Work hardening reports supports billed service. Reimbursement is recommended of 9 dates X \$307.20 = \$2764.80. |
| 5-29-02 | 97546WH (2 hours) | \$102.40 | \$0.00 | U | \$51.20/hr | Medicine GR (II)(E) Rule 133.301(a) | Forte gave preauthorization approval on 4-23-02 for 6 weeks of work hardening program. Therefore, is in non-compliance of Rule 133.301(a) by retrospectively denying preauthorized treatment based upon medical necessity. Work hardening reports supports billed service. Reimbursement is recommended of \$102.40. |
| TOTAL | | | | | | | The requestor is entitled to reimbursement of \$7139.40. |

This Decision is hereby issued this 22nd day 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 1-21-02 through 6-19-02 in this dispute.

In accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee.

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

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

March 12, 2003

Re: Medical Dispute Resolution
MDR #: M5.03.0848-01
IRO: 5055

Dear:

___ 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 Chiropractic Medicine.

Clinical History:

This male claimant injured his low back, left lower extremity and left elbow while on his job on ___. He was initially seen in the emergency room. The treating doctor performed an initial evaluation and appropriate diagnostic testing and began a treatment program. He began a work hardening program on 04/23/02 that concluded on 06/03/02.

Disputed Services:

For the period 01/29/02 thru 07/16/02:

- joint mobilization
- myofascial release
- manual traction
- physical therapy
- computer data analysis
- range of motion testing
- usual physician travel
- office visits w/manipulation
- temperature gradient study
- muscle testing
- physical performance testing.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the treatments, therapies, testing, travel and office visits in question as listed above was medically necessary in this case.

Rationale for Decision:

Each visit is properly documented with subjective symptoms, objective findings, and a plan of action. The patient progressed from passive therapeutic modalities to active therapeutic modalities.

Additional testing and treatment up to and including 07/16/02 is properly, clinically documented as to the medical necessity of each procedure and visit.

The patient suffered a significant on-the-job injury that necessitated intense initial treatment. He has been monitored after the completion of his treatment and the work hardening program.

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,