

MDR Tracking Number: M5-03-0850-01

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 7-12-02 to 7-30-02 that were denied based upon "U".

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.

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

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
7-12-02	97265	\$45.00	\$0.00	U	\$43.00	Section 408.021(a)	IRO concluded this service was medically necessary; therefore, payment of \$43.00 is recommended.
TOTAL		\$43.00					The requestor is entitled to reimbursement of <b>\$43.00</b> .

The IRO concluded that the joint mobilization provided from 7-12-02 through 7-30-02 was medically necessary. However, the office visits billed from 7-12-02 through 7-30-02 were not medically necessary.

On this basis, the total amount recommended for reimbursement (\$43.00) does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. Consequently, the requestor is not owed a refund of 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 March 24, 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 insurance carrier denied reimbursement based upon "C". The Medical Review Division does not have jurisdiction to address contract disputes; therefore, services denied with EOB denial code "C" will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
6-7-02 6-10-02 6-13-02 6-15-02 6-17-02 6-20-02 6-25-02	99213MP	\$50.00	\$0.00	N	\$48.00	E/M GR (IV)	SOAP note supports billed service; reimbursement of 7 dates X \$48.00 = \$336.00 is recommended.
6-25-02	97032	\$35.00	\$0.00	C	\$22.00	CPT Code Description	SOAP note supports billed service; reimbursement of \$22.00 is recommended.
6-25-02	97035	\$35.00	\$0.00	C	\$22.00		SOAP note supports billed service; reimbursement of \$22.00 is recommended.
TOTAL		\$380.00					The requestor is entitled to reimbursement of <b>\$380.00</b> .

**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 6-7-02 through 7-30-02 in this dispute.

This Decision and Order are hereby issued this 22<sup>nd</sup> day of August 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

**NOTICE OF INDEPENDENT REVIEW DECISION**

March 4, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0850-01  
IRO Certificate #: IRO4326

The \_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents

utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

#### Clinical History

This 28 year old male sustained a work-related injury on \_\_\_ when he bent his right knee at an awkward angle and experienced pain and discomfort. The patient was diagnosed with a medial meniscus tear and underwent a surgical repair on 06/29/02. The patient was under the care of a chiropractor from 07/12/02 through 07/30/02.

#### Requested Service(s)

Office visits and joint mobilization provided by the chiropractor from 07/12/02 through 07/30/02.

#### Decision

It is determined that the joint mobilization provided and billed by the chiropractor from 07/12/02 through 07/30/02 was medically necessary to treat this patient's condition. However, the office visits billed from 07/12/02 through 07/30/02 were not medically necessary.

#### Rationale/Basis for Decision

The medical record documentation indicates that the patient underwent right knee surgery followed by a period of rehabilitation with a chiropractor. The clinic notes from dates 07/12/02 to 07/30/02 state that one of the patient's symptoms was decreased range of motion in the right knee. Joint mobilization was performed to help increase the patient's right knee range of motion. Joint mobilization is an appropriate therapeutic technique that can help restore function and range of motion in the effected joint or body part. Therefore, it was medically necessary for these dates of service. Secondly, there were office visits charged on each of these days. Office consultations are used to help the physician assess the patient's health and determine treatment plans and continuation of therapy. However, the office visit/manipulation code used by the chiropractor means manipulation to a body part was performed. The medical record documentation does not substantiate the necessity for manipulation of the right knee. In addition, the doctor does not indicate that he had a plan to perform manipulation. Therefore, the joint mobilization was medically necessary while the office visits/manipulation were not medically necessary.

Sincerely,