

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NO.:**

SOAH DOCKET NO. 453-04-0987.M5

MDR Tracking Number: M5-03-0941-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General 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. This dispute was received on 12-2-02.

The IRO reviewed chiropractic treatment rendered from 4-9-02 to 8-9-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

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

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

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 denied without an EOB, "N", "D" and "F" will be reviewed in accordance with the *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
12-14-01	99214	\$75.00	\$0.00	N	\$71.00	E/M GR (IV)	
12-17-01 12-19-01 12-21-01	99213-52	\$25.00	\$0.00	No EOB	DOP (\$24.00 on TWCC-60)	Modifier - 52	SOAP notes supports service, reimbursement of 18 dates X \$24.00 = \$432.00.

12-24-01 12-26-01 12-28-01 12-31-01 3-18-02 3-20-02 3-22-02 4-3-02 7-10-02 7-12-02 7-16-02 7-17-02 7-22-02 7-26-02 7-29-02							
12-17-01 12-19-01 12-21-01 12-24-01 12-26-01 3-18-02 3-20-02 3-22-02 4-17-02 6-12-02 6-14-02 7-10-02 7-12-02 7-16-02 7-17-02 7-22-02 7-26-02 7-29-02	97265	\$43.00	\$0.00	No EOB	\$43.00	CPT Code Description	SOAP notes supports service, reimbursement of 18 dates X \$43.00 = \$774.00
12-17-01 12-19-01 12-21-01 12-24-01 12-26-01 3-18-02 3-20-02 3-22-02 6-14-02 7-10-02 7-12-02 7-16-02 7-17-02 7-22-02 7-26-02 7-29-02	97250	\$43.00	\$0.00	No EOB	\$43.00	CPT Code Description	SOAP notes supports service, reimbursement of 16 dates X \$43.00 = \$688.00
12-17-01 12-19-01 12-21-01 12-24-01 12-26-01 12-28-01 3-20-02	97014	\$17.00	\$0.00	No EOB	\$15.00	CPT Code Description	SOAP notes supports service, reimbursement of 9 dates X \$15.00 = \$135.00

3-22-02 7-26-02							
7-26-02	97024	\$25.00	\$0.00	No EOB	\$21.00	CPT Code Description	SOAP note supports service, reimbursement of \$21.00
12-21-01	99070	\$55.50	\$0.00	No EOB	DOP	General Instructions GR (III)(IV)	Report states claimant was fitted with a lumbar support; DOP requirements were not met. No reimbursement is recommended.
12-26-01 12-28-01	97110 (2 units)	\$70.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	The therapeutic reports do not support the medical necessity of one to one supervision; therefore, no reimbursement is recommended.
3-18-02 3-22-02 7-10-02 7-12-02 7-16-02 7-17-02 7-22-02 7-29-02	97110 (4 units)	\$140.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	The therapeutic reports do not support the medical necessity of one to one supervision; therefore, no reimbursement is recommended.
3-20-02	97110 (6 units)	\$210.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	The therapeutic reports do not support the medical necessity of one to one supervision; therefore, no reimbursement is recommended.
2-19-02	95851	\$40.00	\$0.00	F	\$36.00	Medicine GR (I)(E)(4)	ROM report supports billed service; reimbursement of \$36.00 is recommended.
3-13-02 3-26-02	97750M T (2)	\$86.00	\$0.00	F	\$43.00 / body area	Medicine GR (I)(E)(3)	Lumbar muscle testing is supported in report. Reimbursement per MFG of \$43.00 per body area is supported. 2 dates X \$43.00 = \$86.00.
3-18-02 7-10-02 7-17-02	97150	\$27.00	\$0.00	No EOB	\$27.00	CPT Code Description	SOAP notes supports service, reimbursement of 3 dates X \$27.00 = \$81.00
4-1-02 4-5-02 5-1-02 5-3-02	99213- 52	\$25.00	\$0.00	D	DOP (\$24.00 on TWCC-60)	Modifier - 52	SOAP notes supports service, reimbursement of 4 dates X \$24.00 = \$96.00.
4-1-02 4-3-02	97265	\$43.00	\$0.00	D	\$43.00	CPT Code Description	SOAP notes supports service, reimbursement of 2 dates X \$43.00 = \$86.00.
4-1-02 4-3-02	97250	\$43.00	\$0.00	D	\$43.00	CPT Code Description	SOAP notes supports service, reimbursement of 2 dates X \$43.00 = \$86.00
4-3-02	97150	\$27.00	\$0.00	D	\$27.00	CPT Code Description	SOAP notes supports service, reimbursement of \$27.00.
4-3-02 4-5-02	97110 (4 units)	\$140.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	The therapeutic reports do not support the medical necessity of one to one supervision; therefore, no reimbursement is

							recommended.
4-10-01	99215-52	\$62.50	\$0.00	N	DOP (\$51.50 on TWCC-60)	Modifier - 52	SOAP notes supports service, reimbursement of \$51.50.
4-29-02	99213-52	\$25.00	\$0.00	F	DOP (\$24.00 on TWCC-60)	Modifier - 52	SOAP notes supports service, reimbursement of \$24.00.
7-11-02 7-25-02	97750M T (4)	\$172.00	\$0.00	No EOB	\$43.00 / body area	Medicine GR (l)(E)(3)	Lumbar muscle testing is supported in report. Reimbursement per MFG of \$43.00 per body area is supported. 2 dates X \$43.00 = \$86.00.
TOTAL							The requestor is entitled to reimbursement of \$2709.50.

This Decision is hereby issued this 10th of September 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 12-14-01 through 8-9-02 in this dispute.

This Order is hereby issued this 10th day of September 2003.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

March 3, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0941-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by

the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the

physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 45 year-old female who sustained a work related injury to her low back, left shoulder, left elbow, and left wrist on ____. The patient reported that while at work she was cleaning the men's restroom that had a clogged toilet and toilet water on the floor. The patient also reported that she slipped on the wet floor and fell onto her left side while holding onto the mop. She reported that she experienced immediate pain in her chest, ribs, low back, middle back, left shoulder, left elbow, and left wrist. The patient was again injured on ____ when she was riding in a golf cart with a coworker. The patient reported that when her coworker went to stop the cart, his foot slipped off the brake pedal causing the cart to crash into the golf cart in front of them. The patient had X-Rays of the left shoulder, elbow and wrist, and lumbar spine. The patient also had an MRI of the left shoulder. The patient has been treated with oral pain medications, therapy, and steroid injections. The diagnoses for this patient include left rotator cuff sprain/strain grade 2, displacement of lumbar intervertebral disc without myelopathy, left wrist syndrome, displacement of lumbar intervertebral disc without myelopathy, deconditioning syndrome, and myofascial syndrome.

Requested Services

Range of motion measurements, mechanical traction, electrical stimulation, therapeutic exercises, myofascial release/soft, joint mobilization, physical performance MT muscle testing, special reports as insurance, MP office outpatient visits and therapeutic group procedures from 4/9/02 through 8/9/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that the patient sustained a work related injury on ____. The ___ chiropractor reviewer also noted that the patient sustained injuries to her left shoulder, left elbow, left wrist and lumbar spine. The ___ chiropractor reviewer further noted that the patient was treated with several conservative modalities. The ___ chiropractor reviewer explained that the treatment notes provided do not document sufficient reduction of the patient's pain with the continued treatment to substantiate continued rehabilitation. The ___ chiropractor reviewer also explained that it is not clear from the treatment notes what was the goal of the multiple forms of treatment rendered. Therefore, the ___ chiropractor consultant concluded that the range of motion measurements, mechanical traction, electrical stimulation, therapeutic exercises,

myofascial release/soft, joint mobilization, physical therapy performance MT muscle testing, special reports as insurance, MP office visits and therapeutic procedures group from 4/9/02 through 8/9/02 were not medically necessary to treat this patient's condition.

Sincerely,

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