

MDR Tracking Number: M5-03-1017-01

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 11-27-02.

The IRO reviewed chiropractic treatment rendered from 3-8-02 through 8-7-02 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 May 22, 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:

Neither party submitted EOBs for services denied without an EOB; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

Neither party submitted the original EOBs for services denied with "D – Duplicate"; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-8-02 4-22-02 4-24-02	99213-52	\$25.00	\$0.00	No EOB	Requestor noted amount seeking is \$24.00	Evaluation & Management GR (IV)	SOAP notes supports billed service reimbursement of 3 dates X \$24.00 = \$72.00.
4-8-02 4-24-02	97265	\$43.00	\$0.00	No EOB	\$43.00	CPT Code Descriptor	SOAP notes supports billed service reimbursement of 2 dates X \$43.00 = \$86.00.
4-8-02 4-22-02	97250	\$43.00	\$0.00	No EOB	\$43.00	CPT Code Descriptor	SOAP notes supports billed service reimbursement of 3

4-24-02							dates X \$43.00 = \$129.00.
4-8-02 4-22-02 4-24-02	97110 (4 units)	\$140.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	SOAP notes do not support the severity of injury to require exclusive one to one supervision. Therefore, reimbursement is not recommended.
4-22-02 4-24-02	97150	\$27.00	\$0.00	No EOB	\$27.00	CPT Code Descriptor	SOAP notes supports billed service reimbursement of 2 dates X \$27.00 = \$54.00.
4-30-02 6-19-02	97550MT- 52	\$43.00	\$0.00	F	\$43.00/body area	Medicine GR (I)(E)(3) and (I)(D)	Muscle testing report supports billed service, reimbursement is recommended 2 dates X \$43.00 = \$86.00.
5-6-02	99080-73	\$15.00	\$0.00	No EOB	\$15.00	Rule 129.6(d)	There were changes made in Part III of the TWCC-73 form; therefore, payment of \$15.00 is recommended.
6-8-02	99213-52	\$25.00	\$0.00	D	Requestor noted amount seeking is \$24.00	Evaluation & Management GR (IV)	SOAP note for date of service was not submitted to support billed service; therefore, reimbursement is not recommended.
TOTAL							The requestor is entitled to reimbursement of \$442.00 .

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 12-17-01 through 8-7-02 in this dispute.

This Decision and Order is hereby issued this 2nd day of October 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

April 30, 2003

Re: MDR #: M5-03-1017-01

___ 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 Certified in Chiropractic Medicine.

Clinical History:

This female claimant suffered an on-the-job injury on ___ experiencing a pop in her lower back, which later moved up into her upper back.

Disputed Services:

Office visits, myofascial release, therapeutic exercises, electrical stimulation, traction, joint mobilization, group therapy, analgesic balm, muscle testing and range of motion testing during the period of 03/08/02 through 08/07/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the treatments in question as outlined above were not medically necessary in this case.

Rationale for Decision:

The office visits, treatments and therapies were rendered from 03/08/02 through 08/07/02, which is more than a year after the initial treatment began, with no treatment rendered (according to records provided) for the period of 01/29/02 through 03/05/02. If the condition of this patient's pain was severe, she should have been receiving treatment during this three-month period as well. The patient seemed to have no real changes or improvement in her complaints during the period of 03/08/02 through 08/07/02.

Throughout the records provided for review the notes stated that her pain was musculoskeletal in origin. The initial diagnosis was sprain/strain, which should have improved over a year after her injury.

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,