

MDR Tracking Number: M5-03-1077-01

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 1-6-03

The IRO reviewed chiropractic treatment rendered from 4-18-02 to 10-14-02 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.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-29-02 7-3-02 7-5-02 7-8-02 7-10-02 7-11-02 7-12-02 7-15-02 7-17-02 7-18-02 10-14-02	99213	\$50.00	\$0.00	V	\$48.00	Section 408.021(a)	IRO concluded that office visits were medically necessary. Therefore, reimbursement of 11 dates X \$48.00 = \$528.00.
TOTAL							The requestor is entitled to reimbursement of \$528.00.

The IRO concluded that office visits and manual traction were medically necessary. A review of the table did not contain manual traction (97122). The IRO concluded that all other services were not medically necessary.

On this basis, the total amount recommended for reimbursement (\$528.00) 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.

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 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:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1-21-02	97265	\$43.00	\$0.00	Z, A	\$43.00	CPT Code Descriptor Rule 134.600	Physical therapy does not require preauthorization, the insurance carrier denied service based upon "A" incorrectly. SOAP note does not support service billed, no reimbursement is recommended.
1-21-02	97250	\$43.00	\$0.00	Z, A	\$43.00	CPT Code Descriptor Rule 134.600	Physical therapy does not require preauthorization, the insurance carrier denied service based upon "A" incorrectly. SOAP note supports service billed, reimbursement of \$43.00 is recommended.
1-21-02	97014	\$17.00	\$0.00	Z, A	\$15.00	CPT Code Descriptor Rule 134.600	Physical therapy does not require preauthorization, the insurance carrier denied service based upon "A" incorrectly. SOAP note supports service billed, reimbursement of \$15.00 is recommended.
1-21-02	97124	\$20.00	\$0.00	Z, A	\$15.00	CPT Code Descriptor Rule 134.600	Physical therapy does not require preauthorization, the insurance carrier denied service based upon "A" incorrectly. SOAP note supports service billed, reimbursement of \$15.00 is recommended.
3-8-02	97124	\$20.00	\$0.00	G	\$15.00	CPT Code Descriptor	Massage is not global to office visit or physical therapy services. SOAP note supports service billed, reimbursement of \$15.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$88.00 .

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 1-21-02 through 10-14-02 in this dispute.

This Decision and Order is hereby issued this 7th day of October 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

March 12, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of 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

___ was working for ___ when she slipped and was falling, but tried to catch herself. She felt a pop in the low back and had an immediate onset of low back pain. She initially was seen at the company's clinic, but after resting for 2 days the pain remained. Notes are sketchy from the treating provider's records, but apparently ___ had some form of exacerbation. This was treated with extensive passive and active treatment to include work hardening, according to the letter of

explanation by the clinic's dispute department director. Records from the actual work hardening program are not available, but a FCE of July 6, 2000 indicates that the patient was able to lift in the heavy range at that time. No MRI/CT or electrodiagnostic studies were available. The patient underwent a chronic pain management program beginning in August of 2000. The exacerbation period began in January of 2002, as best as can be discerned from the SOAP notes. The patient had a pain level of "6" on a scale of 10 and apparently did not decrease below a "4" during the treatment plan.

DISPUTED SERVICES

The carrier has denied joint mobilization, massage therapy, analgesic balm, office visits, mechanical traction, electrical muscle stimulation, a large cryopack, tens consumable supplies and diathermy as medically unnecessary from April 18, 2002 through October 14, 2002.

DECISION

The reviewer disagrees with the prior adverse determination regarding office visits and manual traction.

The reviewer agrees with the prior adverse determination of medical necessity regarding joint mobilization, massage therapy, analgesic balm, electrical stimulation, a large cryopack, tens supplies and diathermy.

BASIS FOR THE DECISION

The patient was documented to have been attempting to stay on her job despite a reoccurrence of pain on occasion. Manual traction and spinal manipulation used efficiently are known to have a positive effect in a patient with the condition diagnosed on this case. The treating doctor efficiently utilized these codes in an expeditious manner to help this patient retain her job.

The passive treatments listed above would likely be of no benefit for a patient in this condition other than palliative and highly temporary. It would be unwise to expect passive care to render a positive outcome on a chronic pain patient after over 2 years of care which was fruitless for that very same type of care. While joint mobilization is certainly an option for a patient with this condition, this is a form of manipulation which would be considered as a part of the chiropractic adjustment and should be included in the office visits. While the treating doctor worked hard to keep the patient at work, the passive treatment was, in my opinion, not a part of the patient's recovery but rather the adjustments and traction would have had the most effect at this stage of the treatment plan.

___ 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,