MDR Tracking Number: M5-03-1078-01

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 5-6-02 to 7-23-02 that were denied based upon "V".

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**	**MAR$ (Maximum Allowable Reimbursement)**	**Reference**	**Rationale**
5-8-02 6-13-02 7-23-02	99213	$50.00	$0.00	V	$48.00	Section 408.021(a)	IRO concluded that office visits were medically necessary. Therefore, reimbursement of 3 dates X $48.00 = $144.00.
6-13-02	99080-73	$15.00	$0.00	V	$15.00	Section 408.021(a)	IRO concluded that report was medically necessary. Therefore, reimbursement of $15.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of **$159.00.**

The IRO concluded that office visits (99213 maximum) on 5-8-02, 6-13-02, and 7-23-02 as well as the required reports were medically necessary. The IRO concluded that all other services were not medically necessary.

On this basis, the total amount recommended for reimbursement ($159.00) 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 June 18, 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	MAR$ (Maximum Allowable Reimbursement)	Reference	Rationale
2-26-02 4-25-02	95851	$40.00	$0.00	D	$36.00/ ea	Medicine GR (I)(E)(4)	Original EOBs were not submitted to support denial of "D." Therefore, services will be reviewed in accordance with MFG. Lumbar ROM reports support billed service per MFG. Reimbursement of 2 dates X $36.00 = $72.00.
TOTAL							The requestor is entitled to reimbursement of **$72.00.**

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 2-26-02 through 7-23-02 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

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 10, 2003

RE: MDR Tracking #: M5-03-1078-01
IRO Certificate #: **5242**

__ 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 proposed 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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

According to the documentation supplied, it appears that the claimant injured his low back at work on ___ when he lifted a bucket off of the floor. He sought care with ___ on 09/28/2000 for evaluation. The claimant began passive and active therapy for his complaints. He was also referred for muscle spasm and pain medications. The 02/26/2002 report reveals that after conservative care failed, the claimant was referred to ___ for surgery. The claimant had a surgical procedure performed on 08/06/2001. On 02/13/2002, the claimant was released for limited rehabilitation. The claimant began conservative chiropractic care again, utilizing passive and active modalities. On 05/16/2002, ___ performed an assessment on the claimant and reported a 10% whole person impairment. Passive and active modalities were continued and the claimant was still under ___ treatment as of 02/20/2003.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including office visits, joint mobilization, myofascial release, therapeutic exercises (also with group), Delorme Muscle Testing, TWCC required reports and range of motion tests rendered 05/06/2002 – 07/23/2002.

Decision

I agree with the insurance company that the joint mobilization, myofascial release, therapeutic exercises (with or without group), Delorme muscle testing, and range of motion tests were not medically necessary from 05/06/2002 – 07/23/2002. I disagree with the insurance company that monthly office visits (99213 maximum) on 05/08/2002, 06/13/2002 and 07/23/2002 as well as the required reports on the same dates were necessary.

Rationale/Basis for Decision

According to the supplied documentation, the claimant was allowed to return to therapy on 02/13/2002 for rehabilitation after his surgery. Eight weeks of passive and active therapy is

warranted for this kind of injury. Since there was an exacerbation that was reported during the 04/25/2002 exam, an additional 2 weeks of therapy would be indicated. The documentation supplied did not note the exact day of the exacerbation so 2 weeks was added to the end of the 8-week protocol. There was not sufficient documentation to support any further therapy beyond the initial 10 weeks of therapy. On 04/30/2002, the claimant reported that "he is not getting better overall." At that time it was evident that his course of chiropractic therapy should be over. After the chiropractic therapy program was finished, and since the claimant continued to have pain, it would be necessary for ___ to continue to monitor the claimant and send him out for proper referrals. Monthly office visits were needed to ensure that the claimant was getting proper care. These evaluation and management sessions should be limited to a 99213 code. The paperwork associated with the TWCC was also necessary. The documentation supplied as well as standard protocols do not support the additional therapy that the claimant received from 05/06/2002 – 07/23/2002.