

MDR Tracking Number: M5-03-1110-01

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 12-27-02.

The IRO reviewed chiropractic treatment rendered from 2-18-02 to 7-16-02 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 March 20, 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
2-18-02	99213	\$50.00	\$0.00	F	\$48.00	Evaluation & Management GR (IV)	Office visit report to support service billed per MFG was not submitted; therefore, no reimbursement is recommended.
2-18-02	97265	\$43.00	\$0.00	F	\$43.00	CPT Code Descriptor	Physical therapy report was not submitted to support service billed per MFG; therefore, no reimbursement is recommended.
2-26-02	95851	\$40.00	\$0.00	G	\$36.00	Medicine GR (I)(E)(4) Medicine	On this date the requestor billed for a comprehensive office visit, report, ROM and muscle testing. A

						GR (I)(E)(2)	comprehensive physical exam, ROM and Muscle testing are components of an FCE. The requestor did not bill for an FCE on this date, instead billed the components separately. The total amount billed is \$266.00 minus \$15.00 for TWCC-73 report = \$251.00. This amount exceeds the MAR for 2 <sup>nd</sup> and Final FCE of \$200.00. Audit summary report does not indicate if requestor was paid for the office visit. Therefore, reimbursement of \$36.00 for ROM test is supported.
2-26-02	97750MT (X2)	\$86.00	\$0.00	G	\$43.00 / body area	Medicine GR (I)(E)(3) Medicine GR (I)(E)(2)	Muscle testing is supported for one body area = \$43.00. Reimbursement is recommended.
5-2-02	99070	\$8.00	\$0.00	G	DOP	General Instructions GR (IV)	Report to support supplies was not submitted, no reimbursement is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$79.00</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 2-18-02 through 7-16-02 in this dispute.

This Decision and Order is hereby issued this 2<sup>nd</sup> of October 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

March 10, 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

This patient was apparently injured on his job in \_\_\_ when he tripped over an air compressor hose and fell, causing a rotational injury to his low back. He initially was seen by the company's clinic, later changing to \_\_\_. The records are unclear as to the reason for the treatment rendered in 2002, except that a letter indicates there was some form of exacerbation, lacking explanation of what type of exacerbation was presented. High levels of passive and active physical medicine were rendered, although only for about 6 weeks before the patient was released.

#### DISPUTED SERVICES

The carrier is disputing office visits, supplies and physical therapy from 2/18/2002 through 7/16/2002. The IRO's review is limited to dates between 4/25/2002 and 7/16/2002.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

There is insufficient evidence presented by the treating doctor as to the medical necessity of ongoing care after 5 years and also there is no mention in the records that we have as to what type of exacerbation did occur on this case. No rationale is available on the treating doctor's protocol or of what the goals of such extensive treatment would be at such a late date. Certainly, I can see that any patient with a back injury may suffer an onset of pain at a later date. However, documentation by a provider should reflect some form of explanation as to how this occurred and demonstrate some cursory effort to

justify treatment at this point in the patient's healthcare spectrum. As a result I am unable to find medical necessity for any of the care rendered within the confines of this dispute.

\_\_\_ 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,