

MDR Tracking Number: M5-03-1133-01

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 1-9-03.

The IRO reviewed chiropractic treatment rendered from 3-6-02 to 8-7-02 that were denied based upon "V".

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 2, 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
3-6-02	95851	\$40.00	\$0.00	G	\$36.00	Insurance Carrier's Response	Insurance Carrier indicated that these services would be paid.
3-6-02	95851	\$40.00		G	\$36.00		
3-26-02	97750MT	\$43.00		F	\$43.00 / body area		
4-30-02	97750MT	\$43.00		F	\$43.00 / body area		
5-2-02	95851	\$40.00		D	\$36.00		
5-2-02	95851	\$40.00		D	\$36.00		
5-20-02	97750MT	\$43.00		D	\$43.00 / body area		
6-19-02	97750MT	\$43.00		F	\$43.00 / body area		
6-26-02	99080-73	\$15.00		V	\$15.00		

3-27-02	99213-52	\$25.00	\$0.00	A	\$24.00 per TWCC60 table	Rule 134.600	Office visit does not require preauthorization; therefore, service will be reviewed in accordance with MFG. Reimbursement of \$24.00 is recommended.
3-27-02	97110 (4 units)	\$140.00	\$0.00	A	\$35.00 / 15 min	Rule 134.600	Physical therapy does not require preauthorization; therefore, services will be reviewed in accordance with MFG. SOAP note does not support the severity of injury to require 1 to 1 supervision. No reimbursement is recommended.
3-27-02	97250	\$43.00	\$0.00	A	\$43.00	Rule 134.600	Physical therapy does not require preauthorization; therefore, services will be reviewed in accordance with MFG. SOAP note supports service rendered. Reimbursement is recommended of \$43.00.
3-27-02	97265	\$43.00	\$0.00	A	\$43.00	Rule 134.600	Physical therapy does not require preauthorization; therefore, services will be reviewed in accordance with MFG. SOAP note supports service rendered. Reimbursement is recommended of \$43.00.
3-27-02	97014	\$17.00	\$0.00	A	\$15.00	Rule 134.600	Physical therapy does

							not require preauthorization; therefore, services will be reviewed in accordance with MFG. SOAP note supports service rendered. Reimbursement is recommended of \$15.00.
4-8-02 4-15-02	99213-52	\$25.00	\$0.00	No EOB	\$24.00	Evaluation & Management GR (IV)	SOAP note supports billed service. Reimbursement of 2 dates X \$24.00 = \$48.00.
4-8-02	97110 (4 units)	\$140.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	SOAP note does not support the severity of injury to require 1 to 1 supervision. No reimbursement is recommended.
4-8-02	97250	\$43.00	\$0.00	No EOB	\$43.00	CPT Code Descriptor	SOAP note supports service rendered. Reimbursement is recommended of \$43.00.
4-8-02	97265	\$43.00	\$0.00	No EOB	\$43.00		SOAP note supports service rendered. Reimbursement is recommended of \$43.00.
TOTAL							The requestor is entitled to reimbursement of <b>\$259.00.</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 3-6-02 through 8-7-02 in this dispute.

This Decision and Order is hereby issued this 15<sup>th</sup> day of October 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

March 31, 2003

**Re: IRO Case # M5-03-1133**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The \_\_\_ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment was not medically necessary. Therefore, \_\_\_ agrees with the

adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

The patient was injured on \_\_\_\_\_. She continued to work and did not seek medical attention until 11/15/99. She has had chiropractic care, injections, carpal tunnel surgery and rehab.

Requested Service(s)

Office visits, physical therapy sessions, and supplies (wrist brace with analgesic balm) on 3/18/02, 3/20/02, 4/5/02, 4/17/02, 4/19/02, 4/22/02, 4/24/02, 5/6/02, 5/8/02, 5/10/02, 5/13/02, 5/15/02, 5/31/02, 6/28/02, and 8/7/02.

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

This patient has received extensive conservative treatment, injections and surgery, with little, if any, relief of her symptoms. Chiropractic treatment was started almost two weeks after the initial injury and after medical treatment had failed. The patient's condition had plateaued, and any further treatment would not have been beneficial to the patient. The documentation presented for this review fails to show very much, if any, relief of symptoms or improved function with chiropractic treatment and rehab.

Extensive conservative treatment prior to the dates of the services in dispute failed; this should have been an indication that any further chiropractic treatment would not be beneficial to the patient. Some of the exercises used during the treatment program are questionable. It is documented that the patient had increased pain during and after exercises, a direct contraindication for continued therapy until the patient can tolerate the exercises. It is possible that inappropriate treatment and exercises aggravated the patient's condition and extended treatment time.

The patient's condition plateaued in a diminished condition before the disputed services started, and any other treatment would be ineffective in relieving symptoms or improving function. The documentation presented fails to show how any of the disputed treatment was necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,

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