

MDR Tracking Number: M5-03-1224-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 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 1-17-03.

The IRO reviewed physical therapy services rendered from 1-22-02 through 1-30-02 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

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 May 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:

<b>DOS</b>	<b>CPT CODE</b>	<b>Billed</b>	<b>Paid</b>	<b>EOB Denial Code</b>	<b>MARS (Maximum Allowable Reimbursement)</b>	<b>Reference</b>	<b>Rationale</b>
4-9-02 4-10-02 4-11-02	97545W H (2 hours)	\$102.40	\$0.00	N, T, E	\$51.20/hr	Medicine GR (II)(E) HB-2600 Section 408.027(d)	4-11-02 reports does not support work-hardening program, it is a SOAP note indicating physical therapy services were rendered. Report for 4-9-02 and 4-10-02 were not submitted.  Work hardening reports were not submitted.  HB-2600 abolished the treatment guidelines; therefore, insurance carrier inappropriately denied reimbursement with EOB denial code "T".
4-9-02 4-10-02 4-11-02	97546W H (6 hours)	\$307.20	\$0.00	N, T, E	\$51.20/hr	Medicine GR (II)(E) HB-2600 Section 408.027(d)	The insurance carrier did not file a TWCC-21 disputing the compensability of treatment; therefore, inappropriately denied service with EOB denial code "E".  Therefore, reimbursement for the work hardening program was not submitted.
4-11-02	97750FC	\$200.00	\$0.00				FCE report was not submitted to support service per MFG. No reimbursement is recommended.  HB-2600 abolished the treatment guidelines; therefore, insurance carrier inappropriately denied reimbursement with EOB denial code "T".  The insurance carrier did not

							file a TWCC-21 disputing the compensability of treatment; therefore, inappropriately denied service with EOB denial code "E".
4-11-02	99213	\$48.00	\$0.00	N	\$48.00	Evaluation & Management GR (IV)	SOAP notes support service billed per MFG. Reimbursement of \$48.00 is recommended.
4-15-02	99213	\$48.00	\$0.00	T	\$48.00		HB-2600 abolished the treatment guidelines; therefore, insurance carrier inappropriately denied reimbursement with EOB denial code "T".  SOAP notes support service billed per MFG. Reimbursement of \$48.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$96.00</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 1-22-02 through 4-15-02 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**

**CORRECTED NOTICE OF INDEPENDENT REVIEW DECISION**

May 20, 2003

**Re: IRO Case # M5-03-1224-01**

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, Rule133.308 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 IROs, 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 who is 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 determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient was injured in a motor vehicle accident on \_\_\_. The patient was treated with physical modalities, both active and passive. She also was enrolled in a work hardening program

Requested Service

Physical therapy, work hardening program 1/22/02 - 4/15/02

Decision

I disagree with the carrier's decision to deny the requested treatment 1/22/02 – 1/30/02.

Rationale

According to the records presented for this review, the patient was treated for a right shoulder sprain/strain injury from 1/7/02 – 1/30/02. According to chiropractic guidelines, an uncomplicated sprain/strain normally requires treatment for 6-8 weeks. The dates of service fall within 6 –8 weeks of injury, and the treatments performed were medically necessary.

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

Sincerely,