

MDR Tracking Number: M5-03-1266-01

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 1-22-03.

The IRO reviewed chiropractic treatment and FCE rendered from 1-28-02 through 9-26-02 that were denied based upon "U".

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(q)(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 22, 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:

Services that were denied without an EOB will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
1-28-02	99213MP	\$48.00	\$0.00	No EOB	\$48.00	Medicine GR (I)(B)(1)(b)	SOAP note was not submitted to support billed service per MFG. Therefore, no reimbursement is recommended. Documentation supports billed service.
1-28-02	97250	\$43.00	\$0.00	No EOB	\$43.00	CPT Code description	
1-28-02	97265	\$43.00	\$0.00	No EOB	\$43.00	CPT Code description	

1-28-02	97122	\$35.00	\$0.00	No EOB	\$35.00	CPT Code description	Reimbursement is recommended of \$43.00. Documentation supports billed service.
1-28-02	97110(X4)	\$140.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	Reimbursement is recommended of 2 X \$35.00 = \$70.00.
2-7-02 2-8-02	97122	\$35.00	\$0.00	T	\$35.00	CPT Code description HB-2600	HB-2600 abolished the treatment guidelines; therefore, the insurance carrier was incorrect to utilize EOB denial "T" for denying reimbursement. Service will be reviewed in accordance with MFG. SOAP note supports billed service. Reimbursement is recommended of 2 dates X \$43.00 = \$86.00.
2-8-02	97110 (X4)	\$140.00	\$0.00	T	\$35.00/ 15 min	Medicine GR (I)(A)(9)(b)	HB-2600 abolished the treatment guidelines; therefore, the insurance carrier was incorrect to utilize EOB denial "T" for denying reimbursement. Service will be reviewed in accordance with MFG. SOAP note does not support billed service. 1 to 1 supervision is not documented. Reimbursement is not recommended.
4-3-02	97110 (X4)	\$140.00	\$0.00	N	\$35.00/ 15 min	Medicine GR (I)(A)(9)(b)	SOAP note does not support billed service. 1 to 1 supervision is not documented. Reimbursement is not recommended.
4-3-02 4-24-02	99213MP	\$48.00	\$0.00	N	\$48.00	Medicine GR (I)(B)(1)(b)	SOAP note supports billed service. Reimbursement is recommended of 2 dates X \$48.00 = \$96.00.
4-3-02	97250	\$43.00	\$0.00	N	\$43.00	CPT Code	SOAP note supports

						description	billed service. Reimbursement is recommended of \$43.00.
4-3-02	97265	\$43.00	\$0.00	N	\$43.00	CPT Code description	SOAP note supports billed service. Reimbursement is recommended of \$43.00.
4-3-02	97122	\$35.00	\$0.00	N	\$35.00	CPT Code description	SOAP note supports billed service. Reimbursement is recommended of \$35.00.
TOTAL							The requestor is entitled to reimbursement of \$373.00.

This Decision is hereby issued this 3rd day of November 2003.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division

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 1-28-02 through 09-26-02 in this dispute.

This Order is hereby issued this 3rd day of November 2003

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

May 14, 2003

Re: MDR #: M5-03-1266-01

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic medicine.

Clinical History:

This female patient was involved in a work-related accident on _____. She was initially seen in the emergency room and released. Three days later, she sought chiropractic care.

Each chiropractic visit indicated subjective symptoms, objective findings, assessment, as well as treatment plan. Her treatment progressed from passive to active therapy. In addition, additional diagnostic testing was performed which confirmed the severity of the patient's injuries.

FCE's were performed to evaluate her current work status. In April 2002, the patient was found by a Designated Doctor to not be at maximum medical improvement. The records indicate that after aggressive passive, as well as active, therapeutic treatment was performed; the patient was treated on a reduction of frequency basis. There were only three visits in March 2002, three visits in April 2002, three visits in May 2002, two office visits in June 2002, and two office visits in September 2002.

Disputed Services:

Therapeutic exercises, office visits w/manipulation, myofascial release, joint mobilization, muscle testing, manual traction and FCE'S during the period of 03/18/02 through 09/26/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the treatments and testing in question were medically necessary in this case.

Rationale for Decision:

Given the severity of this patient's injuries and the fact that the patient progressed from passive care to active care, and then progressing into a chronic pain management program, it was usual, reasonable, customary and medically necessary for the treating doctor to provide all the denied services in this case. Each specific denied service has been well documented as to the medical necessity and the reasoning for the services. Each office visit has subjective symptoms, objective findings, and a specific treatment plan for this patient.

I am the Secretary and General Counsel of _____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,