

MDR Tracking Number: M5-03-1272-01

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 1-21-03.

The IRO reviewed chiropractic treatment rendered from 3-19-02 through 9-17-02 that were denied based upon "U" and "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 4, 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
3-19-02	97035	\$22.00	\$0.00	D	\$22.00	CPT Code Descriptor	SOAP note supports that service is not a duplicate; reimbursement of \$22.00 is recommended.
6-10-02 6-11-02 6-13-02 6-14-02	99213	\$50.00	\$0.00	No EOB	\$48.00	Evaluation & Management GR (IV)	SOAP note supports billed service, reimbursement of 4 dates X \$48.00 = \$192.00.
6-10-02 6-11-02 6-13-02 6-14-02	97035	\$22.00	\$0.00	No EOB	\$22.00	CPT Code Descriptor	SOAP note supports billed service, reimbursement of 4 dates X \$22.00 = \$88.00.

6-11-02	97250	\$43.00	\$0.00	No EOB	\$43.00		SOAP note supports billed service, reimbursement of \$43.00 is recommended.
6-10-02 6-11-02 6-13-02 6-14-02	97014	\$17.00	\$0.00	No EOB	\$15.00	CPT Code Descriptor	SOAP note supports billed service, reimbursement of 4 dates X \$15.00 = \$60.00.
TOTAL							The requestor is entitled to reimbursement of \$405.00.

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 3-19-02 through 9-17-02 in this dispute.

This Decision and Order is hereby issued this 27th day of October 2003.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 29, 2003

Re: IRO Case # M5-03-1272

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, and who also is a Certified Strength and Conditioning Specialist. 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 injured his left wrist on ___ when he was riding a lawn tractor holding a heavy chemical gun, and felt pain and tingling in his left hand. He has been treated with chiropractic manipulation, physical therapy and medication.

Requested Service(s)

Office visits, physical therapy, special supply 3/19-6/7/02 and 6/17-9/17/02

Decision

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

Rationale

The documentation presented for this review shows that the patient was placed on MMI on 12/11/01 with no neurological deficits and normal range of motion. He was assigned a 0% impairment rating. The treating doctor continued to treat the patient some nine months after MMI was assigned. The records provided for review fail to justify the need for continued chiropractic treatment. After an MMI date is reached all further treatment must be reasonable and effective in relieving symptoms or improving function. The patient's condition had plateaued at the time of MMI. The patient's ongoing chronic care did not appear to produce measurable or objective improvement.

A home-based exercise program and OTC medication during times of exacerbation could be beneficial to the patient.

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

Sincerely,