

MDR Tracking Number: M5-03-1278-01

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 1-23-03.

The IRO reviewed office visits, physical therapy, NCV studies, H/F reflex studies, range of motion and physical performance tests rendered from 5-2-02 through 7-18-02 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(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 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:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
4/26/02	99213	\$48.00	\$0.00	A	\$48.00	Rule 134.600	Office visits do not require preauthorization; therefore, the insurance carrier inappropriately denied service with "A". SOAP note supports service billed per MFG, reimbursement of \$48.00 is recommended.
4/26/02	97265	\$43.00	\$0.00	A	\$43.00	Rule 134.600	Physical therapy does not require

							preauthorization; therefore, the insurance carrier inappropriately denied service with "A". SOAP note supports service billed per MFG, reimbursement of \$43.00 is recommended.
4/26/02	97250	\$43.00	\$0.00	A	\$43.00	Rule 134.600	Physical therapy does not require preauthorization; therefore, the insurance carrier inappropriately denied service with "A". SOAP note supports service billed per MFG, reimbursement of \$43.00 is recommended.
4/26/02	97122	\$35.00	\$0.00	A	\$35.00	Rule 134.600	Physical therapy does not require preauthorization; therefore, the insurance carrier inappropriately denied service with "A". SOAP note supports service billed per MFG, reimbursement of \$35.00 is recommended.
4/26/02	97110 (X4)	\$140.00	\$0.00	A	\$35.00/ 15 min	Medicine GR (I)(A)(9)(b) Rule 134.600	Physical therapy does not require preauthorization; therefore, the insurance carrier inappropriately denied service with "A".  Documentation does not support 1 to 1 supervision. Reimbursement is not recommended.
4/26/02	95851	\$36.00	\$0.00	A	\$36.00	Rule 134.600	ROM testing does not require preauthorization; therefore, the insurance carrier inappropriately denied service with "A". Lumbar ROM report supports service billed per MFG, reimbursement of \$36.00 is recommended.

TOTAL	\$1108.80		The requestor is entitled to reimbursement of <b>\$205.00.</b>
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This Decision is hereby issued this 3<sup>rd</sup> 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 4-26-02 through 07-28-02 in this dispute.

This Order is hereby issued this 3<sup>rd</sup> day of November 2003.

Roy Lewis, Supervisor  
 Medical Dispute Resolution  
 Medical Review Division

May 7, 2003

Re: MDR #: M5-03-1278-01  
 IRO Certificate No.: 5055

\_\_\_ 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:

The claimant is a 34-year-old male who sustained a work-related lower back injury on \_\_\_

Disputed Services:

Office visits, physical therapy, NCV studies, H/F reflex study, range of motion and physical performance testing during the period of 04/26/02 through 07/18/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the therapy, studies and testing performed was medically necessary in this case.

Rationale for Decision:

Objective and subjective findings were well documented in the medical records provided for review. The care was documented in a manner that substantiates care and follows medical protocol. The patient exhibited enough of a progression of rehabilitation after his injury that allowed him to return to his pre-injury status.

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,