

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-1809.M5

MDR Tracking Number: M5-03-1342-01

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 1-31-03.

The IRO reviewed chiropractic treatment rendered from 3-5-02 through 5-9-02 that were denied based upon "U".

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 May 30, 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 |
|--------|------------|----------|--------|-----------------|----------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------|
| 3-5-02 | 95851 (X2) | \$80.00 | \$0.00 | F | \$36.00 / each | Medicine GR (I)(E)(4) | Right Shoulder and Cervical ROM reports supports billed service, reimbursement of \$72.00 is recommended. |
| 5-9-02 | 99215 | \$125.00 | \$0.00 | N | \$103.00 | Evaluation | Office visit reports supports billed |

| | | | | | | | | |
|-------|--|--|--|--|--|----------------------------|----------------------------------------------------|-----------------------------------------------------------------|
| | | | | | | & Management GR (IV) | service, reimbursement of \$103.00 is recommended. | |
| TOTAL | | | | | | | | The requestor is entitled to reimbursement of \$175.00 . |

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 3-5-02 through 5-9-02 in this dispute.

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

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 20, 2003

Re: IRO Case # M5-03-1342-01

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, 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 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 on ___ while pulling a cart weighing 250-300 pounds and loading and unloading PVC pipe. He injured his neck and right shoulder. He had neck surgery on 7/12/01. He then was treated by a chiropractor

Requested Service

Chiropractic treatments 3/5/02-5/9/02

Decision

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

Rationale

The patient received extensive post surgical chiropractic treatment that resulted in little, if any, documented relief of his post surgical symptoms. He was evaluated at MMI 1/31/02, indicating that no additional treatment would result in furthering therapeutic benefit. The treatment and testing in dispute were extensive. A continued actively supervised rehabilitation program past MMI is not reasonable or necessary, as the patient had reached a point where improvement is not considered likely. After an MMI has been reached, all further treatment must be reasonable and necessary in relieving symptoms or improving function. The documentation presented for review failed to show how the disputed services were necessary.

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

Sincerely,
