

MDR Tracking Number: M5-03-1359-01

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 1-29-03.

The IRO reviewed chiropractic treatment rendered from 9-4-02 to 10-2-02 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:

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
4-30-02	99070ST	\$49.99	\$0.00	No EOB	\$49.99	Rule 133.307(g)(3)(B)	Requestor did not comply with Rule by submitting medical records to support fee dispute. No reimbursement is recommended.
4-30-02	99070AS	\$49.99	\$0.00	No EOB	\$49.99		
4-30-02	99499RR	\$500.00	\$0.00	No EOB	See Rules	Evaluation & Management GR (XXII) and (XXIV)	
4-30-02	20550	\$240.00	\$0.00	No EOB	\$50.00	Surgery GR (I)(A)(3) and (II)	Injection, tendon sheath, ligament, trigger points or ganglion cyst – The report indicates that "Three found on just to the right of the

							cervical spine processes, on the lower neck rhomboid area. And one on lateral area of C7 process.” Therefore, reimbursement of 4 injections X \$50.00 = \$200.00.
6-3-02	97139SS	\$35.00	\$0.00	No EOB	DOP	Medicine GR (I)(C)(m)	SOAP note supports service billed, reimbursement of \$35.00 is recommended.
6-3-02	99212	\$32.00	\$0.00	No EOB	\$32.00	Evaluation & Management GR (IV)	SOAP note supports service billed, reimbursement of \$32.00 is recommended.
6-3-02 9-23-02	97139PH	\$35.00	\$0.00	No EOB	DOP	Medicine GR (I)(C)(r)	SOAP note supports service billed, reimbursement of \$35.00 is recommended.
6-3-02	99070PH	\$7.00	\$0.00	No EOB	DOP	General Instructions GR (IV)	SOAP note supports service billed, Phonophoresis cream, reimbursement of \$35.00 is recommended.
6-3-02	97110 (X3)	\$105.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	SOAP note does not severity of injury to require one to one supervision per MFG, therefore, no reimbursement is recommended.
6-3-02 9-23-02 10-2-02 10-3-02	97124	\$56.00	\$0.00	No EOB	\$28.00 / 15 min	Rule 133.307(g)(3)	Requestor did not support billed service on 9-23-02. Therefore, reimbursement per MFG is not recommended for this date. SOAP notes support service billed on remaining dates, reimbursement of \$56.00 X 3 dates = \$168.00 is recommended.
6-11-02	20550	\$280.00	\$160.00	F	\$50.00	Surgery GR (I)(A)(3) and (II)	Injection, tendon sheath, ligament, trigger points or ganglion cyst - The report indicates that “Three found on just to the right of the cervical spine processes, on the lower neck rhomboid area. And one on lateral area of C7 process.” Therefore, reimbursement of 4 injections X \$50.00 = \$200.00. The requestor is entitled to difference between amount paid and amount due = \$40.00.
9-23-02 10-3-02	97032	\$22.00	\$0.00	No EOB	\$22.00 / 15 min	Rule 133.307(g)(3)	Requestor did not support billed service on 9-23-02. Therefore, reimbursement per MFG is not recommended for this date. SOAP notes support service billed on 10-3-02, reimbursement of \$22.00 is recommended.
9-23-02 10-2-02 10-3-02	99211	\$18.00	\$0.00	No EOB	\$18.00	Rule 133.307(g)(3)	Requestor did not support billed service on 9-23-02. Therefore, reimbursement per MFG is not recommended for this date. SOAP notes support service billed

							on 10-2-02 and 10-3-02, reimbursement of \$18.00 X 2 dates = \$36.00 is recommended.
9-23-02 10-3-02	97110 (X4)	\$140.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)' Rule 133.307(g)(3)	Requestor did not support billed service on 9-23-02. Therefore, reimbursement per MFG is not recommended for this date. SOAP note does not severity of injury to require one to one supervision per MFG, therefore, no reimbursement is recommended.
10-2-02	97032	\$22.00	\$0.00	O	\$22.00 / 15 min	CPT Code Descriptor	Original EOB was not submitted; therefore, service will be reviewed in accordance with MFG. SOAP notes support service billed on 10-2-02, reimbursement of \$22.00 is recommended.
10-2-02	97139SS	\$35.00	\$0.00	O	DOP	Medicine GR (I)(C)(m)	SOAP notes support service billed on 10-2-02, reimbursement of \$35.00 is recommended.
10-3-02	97265	\$43.00	\$0.00	No EOB	\$43.00	CPT Code Descriptor	SOAP notes support service billed on 10-3-02, reimbursement of \$43.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$703.00 .

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 4-30-02 through 10-3-02 in this dispute.

This Decision and Order is hereby issued this 12th day of November, 2003.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

6/24/08: Cleaning up of older files, IRO Decision could not be located.
APA request was withdrawn 7/23/04 upon appeal by Requestor.
 Posting the F&D