

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

SOAH DOCKET NO. 453-04-1960.M5

MDR Tracking Number: M5-03-1377-01

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 office visits, durable medical equipment, physical therapy and special reports from 2-4-02 through 10-29-02 that were denied based upon “U”.

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

The IRO concluded that office visits, durable medical equipment, physical therapy and special reports from 2-4-02 through 8-29-02 were medically necessary. The office visits, durable medical equipment, physical therapy and special reports after 8-29-02 was not medically necessary.

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees. 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.

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 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 dispute also contained services denied with EOB denial code “Z.” The requestor did not submit medical records to support the charges and to challenge the reasons the respondent has denied reimbursement in accordance with Rule 133.307. Therefore, no reimbursement is recommended.

This Decision is hereby issued this 12th 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 2-4-02 through 10-29-02 in this dispute.

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

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

April 23, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1377-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on ___. The patient reported that while at work he was climbing into the back of his truck when he slipped and fell. When falling the patient reported that he tried to brace himself and in doing so, injured his right arm and shoulder. The diagnoses for this patient included cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain and shoulder injury. The patient has been treated with joint mobilization, myofascial release, axial traction and therapeutic exercise.

Requested Services

Office visits, durable medical equipment, physical therapy and special reports from 2/4/02 through 10/29/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that the patient sustained a work related injury on ___. The ___ chiropractor reviewer explained that treatment rendered to this patient up until 8/29/03 was reasonable and medically necessary. However, the ___ chiropractor reviewer also indicated the documentation provided did not support the medical necessity of treatment from 8/30/02 through 10/29/02. Therefore, the ___ chiropractor consultant concluded that the office visits, durable medical equipment, physical therapy and special reports from 2/4/02 through 8/29/03 were medically necessary to treat this patient's condition. However, the ___ chiropractor consultant concluded that the office visits, durable medical equipment, physical therapy and special reports from 8/3/02 through 10/29/02 were not medically necessary to treat this patient's condition.

Sincerely,