

MDR Tracking Number: M5-03-1400-01

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 2-5-03.

The IRO reviewed chiropractic services rendered from 2-5-02 through 6-3-02 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 August 26, 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
2-21-02	97110	\$280.00	\$0.00	D	\$35.00/ 15 min	Medicine GR (I)(A)(9)(b)	SOAP notes do not support severity of injury to support exclusive 1 to 1 supervision per MFG. Reimbursement is not recommended.
2-27-02	99213MP	\$48.00	\$33.60	C	\$48.00	CPT Code description	Contacted requestor and verified that they do have a PPO contract with respondent; therefore, additional reimbursement is not recommended.
TOTAL		\$328.00					The requestor is not entitled to reimbursement.

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 2-5-02 through 6-3-02 in this dispute.

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

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

August 20, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-1400-01

___ 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:

This male claimant sustained an occupational injury to his spine on ___. He has been receiving chiropractic care since the time of the injury.

Disputed Services:

Chiropractic services during the period of 02/05/02 through 06/03/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services in dispute were medically necessary in this case.

Rationale:

The FCE findings demonstrate that the treatment enabled the patient to return to his current employment. There is also indication in the treatment notes that the care promoted recovery and assisted in the cure of the work-related injury.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

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,