

MDR Tracking Number: M5-03-1442-01

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 3-15-02.

This case was forwarded to an IRO for review pursuant to Rule 133.308. On 6-09-03 an Order for Payment of IRO fee was sent to provider. The provider did not comply with Order; therefore, the services denied based upon not medically necessary were dismissed.

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.

On 10-16-03, 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.

This dispute also contained service, (97750MT), that was denied based upon "F" rendered on 6-13-01. The requestor billed \$300.00 and was paid \$129.00 for 97750MT. A review of submitted report indicates that muscle testing was performed on spine, hip and knee. Based upon Medicine GR (I)(E)(3) and (I)(D), testing was performed on two body areas. The appropriate reimbursement was \$86.00 for muscle testing to two body areas. The insurance carrier did not raise issue of over payment. Therefore, additional reimbursement is not recommended.

This Decision is hereby issued this 14th day of November 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division