

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

SOAH DOCKET NO. 453-04-1979.M5

MDR Tracking Number: M5-03-1456-01

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 2-11-03.

The IRO reviewed chiropractic treatment rendered from 4-2-02 through 10-4-02 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 chiropractic treatment from 4-2-02 through 7-31-02 were medically necessary. Treatment from 8-1-02 through 10-4-02 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 15, 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
4-2-02 4-15-02	97750MT	\$43.00	\$0.00	G	\$43.00/ body area	Medicine GR (I)(E)(3)	Muscle testing is not global to office visits and physical therapy services provided on this date; therefore, insurance carrier incorrectly denied reimbursement based upon "G." Muscle testing reports support billed service per MFG. Reimbursement of 2 dates X \$43.00 = \$86.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$86.00 .

This Decision is hereby issued this 14th 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 4-2-02 through 10-4-02 in this dispute.

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

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

May 20, 2003

**NOTICE OF INDEPENDENT REVIEW DECISION
 Corrected Letter**

**RE: MDR Tracking #: M5-03-1456-01
 TWCC #:
 Injured Employee:
 Requestor:
 Respondent:
 ----- Case #:**

----- 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 46 year-old male who sustained a work related injury on ----- . The patient reported that while at work he was carrying a bag of cement with his right hand and shoulder when he slipped and fell into some sand. The patient reported that he reached out with his left hand to catch himself against some cement mixing equipment and his wrist was pushed back. The patient was initially evaluated at an emergency room. He has been treated with physical therapy, oral anti-inflammatory medication, and three left wrist injections. The patient has undergone X-Rays, MRI, arthrogram of the left wrist, and sensory nerve conduction. The diagnoses for this patient include ulnocarpal impingement, triquetrolunate ligament tear-incomplete, SCT inflammation, and mild carpal tunnel syndrome.

Requested Services

Chiropractic treatments from 4/2/02 through 10/4/02.

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 the daily treatment notes do not document sufficient progress beyond July 2002. The ----- chiropractor reviewer noted that the daily treatment notes beyond July 2002 do not specifically document how subjective/objective pain or range of motion improvement was assessed. Therefore the ----- chiropractor consultant concluded that the chiropractic treatments from 4/2/02 through 7/31/02 were medically

necessary. However, the ----- chiropractor consultant concluded that the chiropractic treatments from 8/1/02 through 10/4/02 were not medically necessary to treat this patient's condition.

Sincerely,

State Appeals Department