

MDR Tracking Number: M5-03-1470-01

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 physical therapy and chiropractic treatment rendered from 4-23-02 through 10-16-02 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 physical therapy and chiropractic treatment from 4-23-02 through 8-23-02 were medically necessary. Physical therapy and chiropractic treatment from 8-30-02 through 10-16-02 were 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 19, 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
3/22/02	99213 MP	\$48.00	\$0.00	F, D	\$48.00	Medicine GR (I)(B)(1)(b)	The records indicate that on this date the claimant was evaluated by a medical doctor and also by a chiropractor in the same facility. The medical

							provider was paid for his services, and the chiropractor was not. Chiropractic service was not a duplicate of medical service. SOAP note supports billed service, reimbursement of \$48.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$48.00.

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 3-22-02 through 10-6-02 in this dispute.

This Order is hereby issued this 20th day of November 2003.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division

May 19, 2003

REVISED 05/19/03

1. Under Clinical History: the date should read 01-26-02;
2. Under Decision: the date should read 08-23-02;
3. Under Rationale: the date should read 08-23-02; and
4. Under Rationale: the date should read 08-23-02.

The decision remains the same and does not change.

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___ 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:

On ___ the patient injured her right wrist and hand during the course and scope of her job.

On 4/23/02 she had a right carpal tunnel release in her wrist and followed with post-surgical physical therapy and chiropractic treatment.

Disputed Services:

Physical therapy and chiropractic treatment from 4/23/02 through 10/16/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. Physical therapy and chiropractic treatment from 4/23/02 through 8/23/02 was medically necessary. Physical therapy and chiropractic treatment from 8/30/02 through 10/16/02 was not medically necessary.

Rationale:

Post-surgical physical therapy was medically necessary until the patient reached clinical MMI, which according to the records, occurred on 8/23/02. No records were provided for review to show medical necessity for treatment after 8/23/03.

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,