

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 2-14-03.

The IRO reviewed office visits and physical therapy rendered from 6-4-02 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 services performed from 6-4-02 through 7-2-02 were medically necessary. Services rendered from 7-3-02 through 10-16-02 were not medically necessary.

On this basis, the total amount recommended for reimbursement (\$872.00) does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. Consequently, the requestor is not owed a refund of 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 following table identifies the disputed services and Medical Review Division's rationale:

Neither party submitted EOBs to support services identified as “No EOB”; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
7-8-02	97112	\$55.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	SOAP note does not support exclusive one to one supervision in accordance with MFG; therefore, no reimbursement is recommended.
7-8-02	97250	\$63.00	\$0.00	No EOB	\$43.00	CPT Code Descriptor	SOAP note supports myofascial release; therefore, reimbursement of \$43.00 is recommended.
7-8-02 7-10-02 7-11-02 7-15-02 7-16-02 7-18-02 8-27-02 8-28-02 10-17-02	97530 (2) (2) (3) (1) (2) (3) (3) (3) (4)	\$110.00 \$110.00 \$165.00 \$55.00 \$110.00 \$165.00 \$165.00 \$165.00 \$220.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(c)	SOAP notes support billed service per MFG, reimbursement of 23 units X \$35.00 = \$805.00.
7-8-02 7-10-02 7-11-02 7-15-02 7-16-02 7-18-02 8-28-02	97022	\$40.00	\$0.00	No EOB	\$20.00	CPT Code Descriptor	SOAP notes support billed service per MFG, reimbursement of 7 dates X \$20.00 = \$140.00.
6-19-02 7-10-02 7-15-02 7-16-02	97032	\$42.00	\$0.00	No EOB	\$22.00	CPT Code Descriptor	SOAP notes support billed service per MFG, reimbursement of 4 dates X \$22.00 = \$88.00.
7-15-02 7-16-02	97010	\$31.00	\$0.00	No EOB	\$11.00	CPT Code Descriptor	SOAP notes support billed service per MFG, reimbursement of 2 dates X \$11.00 = \$22.00.
TOTAL		\$794.75					The requestor is entitled to reimbursement of \$1098.00.

This Decision is hereby issued this 24th 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 6-4-02 through 10-17-02 in this dispute.

This Order is hereby issued this 24th day of November 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 9, 2003

Requester/ Respondent Address: Rosalinda Lopez
TWCC
4000 South IH-35, MS-48
Austin, Texas 78704-7491

RE: MDR Tracking #: M5-03-1494-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

According to the documentation submitted, it appears that the claimant was at work on ___ when his right foot was run over by a power jack. The claimant was first seen by the Chiropractor on 09/07/2001. The claimant began treatment with chiropractic therapies. The claimants had an MRI and x-rays performed which revealed no abnormalities. A bone scan was then performed which showed a delayed uptake in blood flow. The claimant was then sent out for lumbar sympathetic blocks. The doctor performed several blocks in the lumbar spine. It appears that the claimant began a work hardening program during the week of 12/14/2001. He continued care with multiple doctors that were co-treating his condition. After a nerve conduction velocity was performed, the doctor reported that the claimant had right tarsal tunnel syndrome. On 05/08/2002, the claimant had surgery on his right foot to improve his right tarsal syndrome. The claimant began post-operative therapy at the doctor's office. A follow-up nerve conduction velocity on 09/10/2002 showed improvement in nerve conduction. On 11/20/2002, the claimant had peroneus brevis release on his right foot. On 02/20/2003 an independent medical exam doctor gave that claimant a 0% whole person impairment. The documentation ends here.

Requested Service(s)

Office visits, physical therapy on 06/04/2002 – 10/16/2002

Decision

I disagree with the insurance company that the services performed 06/04/2002-07/02/2002 were not medically necessary, I feel they were necessary. I agree with the insurance company that the services provided between 07/03/2002 – 10/16/2002 were not medically necessary.

Rationale/Basis for Decision

After the claimant had his first surgery on 05/08/2002, it would have been necessary for him to receive post-operative rehabilitation to help promote his healing. After the initial therapy, there was no indication for a prolonged active and passive care program. The claimant continued to have pain, which eventually led to another surgery. Since there was no objective documentation showing an adequate amount of improvement, the continued therapy would no longer be warranted.

This decision by the IRO is deemed to be a TWCC decision and order.

<p>In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 9th day of April 2003.</p>
