

MDR Tracking Number: M5-03-1503-01

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 2-14-03.

The IRO reviewed chiropractic treatment rendered from 3-4-02 through 4-29-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. 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.

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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On April 23, 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:

HB-2600 abolished the treatment guidelines on 1-1-02; therefore, the insurance carrier incorrectly denied services based upon EOB denial "T".

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
2-14-02	99214	\$71.00	\$0.00	N, T, F	\$71.00	Evaluation & Management GR (IV)	Office visit report was not submitted to support fee dispute, no reimbursement is recommended.
2-18-02	99212	\$32.00	\$0.00	N, T, F	\$32.00		___ medical report documents level of service billed per MFG; therefore, reimbursement of \$32.00 is recommended.
2-18-02	99211	\$18.00	\$0.00	N, T, F	\$18.00		SOAP note supports level of service billed per MFG; therefore, reimbursement is recommended of \$18.00.

2-18-02	97113 (4)	\$208.00	\$0.00	N, T, F	\$52.00 / 15 min	Medicine GR (I)(A)(9)(b)	SOAP note does not support severity of injury to require exclusive one to one therapy per MFG, no reimbursement is recommended.
2-18-02	97110 (2)	\$70.00	\$0.00	N, T, F	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	SOAP note does not support severity of injury to require exclusive one to one therapy per MFG, no reimbursement is recommended.
2-18-02	97139PH	\$35.00	\$0.00	N, T, F	DOP	CPT code descriptor	SOAP note documents service billed, reimbursement of \$35.00 is recommended.
2-18-02	99070PH	\$7.00	\$0.00	N, T, F	DOP	General Instructions GR (IV)	SOAP note documents service billed, reimbursement of \$7.00 is recommended.
2-20-02 2-22-02 3-18-02	97110 (2)	\$70.00	\$0.00	N, T	\$35.00 / 15 min	Rule 133.307(g)(3)(B)	Office visit report was not submitted to support fee dispute, no reimbursement is recommended.
2-20-02 2-22-02 3-18-02	97113 (4)	\$208.00	\$0.00	N, T	\$52.00 / 15 min	Rule 133.307(g)(3)(B)	Office visit report was not submitted to support fee dispute, no reimbursement is recommended.
2-20-02	97265	\$43.00	\$0.00	N, T	\$43.00	General Instructions GR (IV)	
2-22-02 3-4-02 3-18-02	99212	\$32.00	\$0.00	N, T	\$32.00		
2-22-02 3-4-02 3-18-02	97139PH	\$35.00	\$0.00	N, T	DOP		
2-22-02 3-4-02 3-18-02	99070PH	\$7.00	\$0.00	N, T	DOP		
3-4-02	99070PH	\$7.00	\$0.00	N	DOP		
3-28-02	97124 (2)	\$56.00	\$0.00	F	\$28.00 / 15 min		
TOTAL							

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 2-14-02 through 4-29-02 in this dispute

This Decision and Order is hereby issued this 25th day of November 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

April 11, 2003

MDR Tracking #: M5 03 1503-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

This patient was injured on his job when he was pulling on a tire thread. The requestor's letter of explanation indicates that a thread is the raw material used to build tires. The patient had an onset of low back and thoracic pain as a response to the injury. Lumbar and thoracic MRI's were negative for pathology. Apparently a NCV/SSEP was performed which indicated the patient may have had some form of sensory loss at the L4 level. The patient was examined by ___, MD on June 20, 2001 and indicated a non-physiologic pattern demonstrated by the patient and found him to be at MMI with 0% impairment. All parties involved seem to agree that the diagnosis of this patient is a lumbar sprain/strain. A peer review was performed by ___ on July 2, 2001 and recommended that no more than 8 weeks or 24 visits of chiropractic care were reasonable in this case. He stated that no further care was necessary.

DISPUTED SERVICES

The carrier has denied the medical necessity of chiropractic care and physical therapy March 4, 2002 through April 29, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The carrier's reviewer indicated that the standards of care were exceeded in this case and I agree. There is no justification for such extensive care on this case. The patient suffered from a sprain/strain type of injury, which should have resolved certainly within 3 months after the

original injury. While the treating doctor indicated the patient had an exacerbation, the records presented do not indicate that there was an exacerbation as opposed to a patient system dependency. The excessive amounts of care rendered in this case indicate that medical necessity for physical medicine as exceeded long before the care rendered in this case. I can find no documentation of any source to indicate that 16 months of care for a sprain/strain is in any way valid and defensible treatment.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, dba ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,