

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

SOAH DOCKET NO. 453-04-2028.M5

MDR Tracking Number: M5-03-1510-01

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 12-18-03.

The IRO reviewed chiropractic treatment rendered from 4-26-02 through 7-2-02 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 May 1, 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-26-02	99213	\$48.00	\$0.00	L	\$48.00	Rule 126.9 Rule 133.307(g)(3)(B)) Evaluation & Management GR (IV)	The requestor was the claimant's initial choice of treating doctor; therefore, the insurance carrier incorrectly denied reimbursement based upon "L". The disputed services

4-26-02	97265	\$43.00	\$0.00	L	\$43.00	Rule 126.9 Rule 133.307(g)(3)(B)) CPT Code Descriptor	will be reviewed in accordance with the <i>Medical Fee Guideline</i> . The requestor did not submit medical records in accordance with Rule
4-26-02	97122	\$35.00	\$0.00	L	\$35.00	Rule 126.9 Rule 133.307(g)(3)(B)) CPT Code Descriptor	133.307(g)(3)(B) to support fee dispute; therefore, no reimbursement is recommended.
4-26-02	97110 (X3)	\$105.00	\$0.00	L	\$35.00 / 15 min	Rule 126.9 Rule 133.307(g)(3)(B)) Medicine GR (I)(A)(9)(b)	The requestor was the claimant's initial choice of treating doctor; therefore, the insurance carrier incorrectly denied reimbursement based upon "L". The disputed services will be reviewed in accordance with the <i>Medical Fee Guideline</i> . The requestor did not submit medical records in accordance with Rule 133.307(g)(3)(B) to support fee dispute; therefore, no reimbursement is recommended.
TOTAL							The requestor is not entitled to reimbursement.

This Decision is hereby issued this 4th day of December 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 15, 2003

Re: IRO Case # M5-03-1510-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Board Certified Doctor of Podiatric Medicine who is licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient sustained a fracture to the fourth and fifth toes of the right foot on ___. The fracture was confirmed by radiographic evaluation. This was a closed fracture. The patient was seen and evaluated by an orthopedic surgeon who provided appropriate fracture care and treatment plan. The patient then was seen by a chiropractor and received extensive chiropractic care, (around 30 visits) including therapeutic exercises, joint mobilization (not to include the injured digits) and traction..

Requested Service

Chiropractic treatments 4/26/02-7/2/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

Appropriate fracture management for this type of injury consists of immobilization and protected ambulation, edema control and pain management. Serial radiographic assessment will provide information on the healing of the fractures. Once healing is documented, return to regular ambulation and activity will inherently provide the therapy necessary for complete healing and recovery. Closed non-displaced fractures of the fourth and fifth digits do not require multiple chiropractic visits. Multiple chiropractic visits do not correlate with improved healing of toe fractures.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,