

MDR Tracking Number: M5-03-1523-01

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 2-18-03.

Dates of service prior to 2-18-02 were submitted untimely per above referenced rule and will not be considered in this decision.

The IRO reviewed office visits, range of motion, physical therapy, medical exams, special reports and muscle testing rendered from 2-19-02 through 10-15-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. 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. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

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 denied with EOB denial "D," "N," "F," and "No EOB" that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On May 12, 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 requestor did not comply with Rule 133.307(g)(3)(B) by submitting medical records to support fee dispute. Therefore, no reimbursement is recommended for services denied with EOB denial "D," "N," "F," and "No EOB."

This Decision is hereby issued this 4th day of December 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 2-18-02 through 12-18-02 in this dispute.

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

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

May 7, 2003

Re: MDR #: M5-03-1523-01

___ 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:

This female claimant developed wrist and left arm pain that began in ____. Some records provided report the date of injury as ____; however, the TWCC form, MR-117, show the date to be ____.

An aggressive treatment program was begun. The patient was progressed from passive therapies to active therapies when tolerable. Although conservative care helped her condition, she continued to have ongoing problems. She was referred to a surgeon and surgery was performed in July 2002. Post-surgical rehabilitation was performed.

Over the course of her rehabilitation program, which included active therapy, the records indicate there were occasional exacerbations, requiring the use of passive modalities for pain control.

Disputed Services:

Office visits, range of motion, physical therapy, medical exams, special reports and muscle testing during the period of 01/09/02 through 10/15/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the office visits, testing, therapy, exams and reports during the period named above were medically necessary in this case.

Rationale for Decision:

Appropriate diagnostic testing and referrals to other healthcare providers were performed. Each of the services rendered was appropriately documented, in that each office note specifically addresses subjective symptoms, objective findings, assessment, as well as treatment plan on this patient.

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,