

MDR Tracking Number: M5-03-1660-01

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 3-7-03.

Dates of service prior to 3-7-02 were not considered in this dispute because they were filed untimely per above referenced rule.

The IRO reviewed chiropractic treatment and physical therapy services rendered from 3-27-02 through 6-27-02 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 that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On May 29, 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
3/11/02 3/13/02 3/15/02 3/26/02	99213	\$68.00	\$00.00	No EOB	\$48.00	Evaluation & Management GR (IV)	Office visits for 3-11 and 3-26-02 were submitted to support service billed per MFG; therefore, reimbursement is recommended of 2 dates X \$48.00 = \$96.00. Reports for 3-13 and 3-15-02 were not submitted to support service per MFG, no reimbursement is recommended.
TOTAL							The requestor is entitled to reimbursement of \$96.00.

This Decision is hereby issued this 19th 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 3-7-02 through 6-27-02 in this dispute.

This Order is hereby issued this 19th day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

May 16, 2003

Re: MDR #: M5-03-1660-01

___ 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:

The patient is a 46-year-old female who was injured when she fell down a flight of steps on ___ injuring her neck, shoulders, hands, upper forearm, right hip, legs, and low back. Neurodiagnostics of the upper quarter performed on 06/29/00 indicated right C-6 and C-7 radiculopathies and carpal tunnel syndrome bilateral. Neurodiagnostics of the lower quarter on 06/30/00 indicated left L-4 and right L-5 radiculopathies. MRI of the lumbar spine on 07/18/00 revealed a 3-4 mm diffuse posteriorly protruded disk at L4-5, and a 2 mm shallow annular bulged disk at L5-S1. MRI imaging of the cervical spine on 07/18/00 showed posteriorly bulged disks at C2-3, C3-4, and C4-5. There was a posteriorly protruded disk at C6-7 with narrowing of the neuroforamina, bilateral. MRI of the left wrist on 07/17/00 had findings suggestive of carpal tunnel syndrome. Guyon's canal syndrome, and tenosynovitis, volar-dorsal carpal ligaments. MRI of the right wrist on 07/17/00 indicated tenosynovitis of the volar/dorsal carpal ligaments and scapholunate ligament.

Forwarded medical records reveal the patient has had a course of care that has included medications, chiropractic therapies, physical therapies, and injections.

Disputed Services:

Denial of office visits with manipulations, myofascial release, ultrasound therapy, physical medicine treatments, and mechanical traction from 03/27/02 through 06/27/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier in this case. The disputed services shown above were medically necessary.

Rationale:

The patient was involved in an accident that caused injury to multiple regions of her body. The severity and multiple injuries do, in fact, complicate this case, causing a realistic delay of the provider's implementation of the desired treatment protocol.

The medical record provided shows a medically necessitated basis for the care rendered. The provider has implemented a multi-disciplinary treatment algorithm with the incorporation of an injection series and pain medications.

The aforementioned information has been taken from the following clinical practice guidelines:

Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice. Washington State Chiropractic Association; 2001, 54 p.

Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patients II: An Evidence-Based Approach. J. Back Musculoskeletal Rehabil., 1999, Jan 1, 13: 47-58.

Unremitting Low Back Pain, North American Spine Society Phase III Clinical Guidelines for Multi-Disciplinary Spine Care Specialists. North American Spine Society; 2000, 96 p.

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,