

MDR Tracking Number: M5-03-1666-01

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 3-12-03.

Dates of service prior to 3-12-02 were submitted untimely per above referenced rule and will not be considered in this decision.

The IRO reviewed office visits and physical therapy rendered from 3-13-02 through 6-3-02 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 group therapy procedure, massage, hot or cold packs, electrical stimulation, therapeutic exercises and office visits from 3-13-02 through 4-3-02 were medically necessary. The IRO concluded that group therapy procedure, massage, hot or cold packs, electrical stimulation, therapeutic exercises and office visits from 4-4-02 through 6-3-02 were not medically necessary.

On this basis, the total amount recommended for reimbursement 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 June 26, 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:

<b>DOS</b>	<b>CPT CODE</b>	<b>Billed</b>	<b>Paid</b>	<b>EOB Denial Code</b>	<b>MARS (Maximum Allowable Reimbursement)</b>	<b>Reference</b>	<b>Rationale</b>
4-17-02	97110(4)	\$160.00	\$0.00	D	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b) Rule 133.307(g)(3)(B)	The requestor did not submit medical records to support fee dispute in accordance with Rule 133.307(g)(3)(B).
4-17-02	97010	\$13.00	\$0.00	D	\$11.00	Rule 133.307(g)(3)(B)	The requestor did not submit medical records to support fee

4-17-02	97014	\$20.00	\$0.00	D	\$15.00	Rule 133.307(g)(3)(B)	dispute in accordance with Rule 133.307(g)(3)(B).
TOTAL							The requestor is not entitled to reimbursement.

This Decision is hereby issued this 19<sup>th</sup> 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 3-12-02 through 6-3-02 in this dispute.

This Order is hereby issued this 19<sup>th</sup> day of December 2003.

Roy Lewis, Supervisor  
 Medical Dispute Resolution  
 Medical Review Division

June 20, 2003

**NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-03-1666-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the \_\_\_ external review panel. This physician is a board certified physical medicine and rehabilitation. The \_\_\_ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 50 year-old male who sustained a work related injury on \_\_\_\_\_. The patient reported that while at work he was attempting to climb up a ladder when he missed a step and fell backwards. The patient underwent an MRI 2/7/02 that showed herniated discs at the L2-3, L3-4, and L4-5 levels. The patient was treated with medications, physical therapy and epidural steroid injections.

### Requested Services

Group therapy procedure, massage, hot or cold packs, electrical stimulation, therapeutic exercises and office visits from 3/13/02 through 4/15/02 and 4/18/02 through 6/3/02.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

### Rationale/Basis for Decision

The \_\_\_ chiropractor reviewer noted that this case concerns a 50 year-old male who sustained a work related injury to his back on \_\_\_\_\_. The \_\_\_ physician reviewer also noted that the diagnoses for this patient included herniated discs at the L2-3, L3-4 and L4-5 levels. The \_\_\_ physician reviewer further noted that this patient was treated with medications, physical therapy and modalities and epidural steroid injections. The \_\_\_ physician reviewer explained that a review of the documents provided indicated that the patient made progress with range of motion in the LS spine between 2/6/02 and 2/27/02. The \_\_\_ physician reviewer also explained that the documents indicated that between 2/27/02 and 4/3/02 the patient made minimal improvement with range of motion. The \_\_\_ physician reviewer indicated that the patient's pain was overall decreased, endurance for activities improved and this patient's pain was more centralized as documented on a re-evaluation dated 2/27/02. The \_\_\_ physician reviewer explained that physical therapy procedures, including use of modalities, stretching/myofascial release and therapeutic exercise are accepted treatments in the initial treatment of injury such as the one sustained by this patient. The \_\_\_ physician reviewer also explained that the treatments rendered are standard of care in physiatry practice. The \_\_\_ physician reviewer further explained that between 2/27/02 and 4/3/02 the patient made minimal improvement. However, the \_\_\_ physician reviewer indicated that between 4/4/03 through 4/15/02 and 4/18/02 through 6/3/02 the patient showed no improvement. Therefore, the \_\_\_ physician consultant concluded that the group therapy procedure, massage, hot or cold packs, electrical stimulation, therapeutic exercises and office visits from 3/13/02 through 4/3/02 were medically necessary to treat this patient's condition. However, the \_\_\_ physician consultant also concluded that the group therapy procedure, massage, hot or cold packs, electrical stimulation, therapeutic exercises and office visits from 4/4/02 through 4/15/02 and 4/18/02 through 6/3/02 were not medically necessary to treat this patient's condition.

Sincerely,