

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 3-3-03.

The IRO reviewed chiropractic treatment rendered from 5-17-02 through 6-21-02 that were denied based upon "V".

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 July 15, 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:

The insurance carrier denied reimbursement for dates of service, 3-18-02, 3-25-02, 3-26-02, 3-28-02, 4-3-02, 4-4-02, 4-8-02, 4-10-02, 4-11-02, 4-15-02, 4-17-02, 4-18-02, 4-19-02, and 5-22-02, based upon EOB denial code "E – Claim Under Investigation." A TWCC-21 was not filed with the TWCC in accordance with Section 408.027(d) disputing the claim; therefore, the services will be reviewed in accordance with the Commission's *Medical Fee Guideline*.

The requestor did not submit medical records to support fee dispute for all above listed dates in accordance with Rule 133.307(g)(3)(B), except office visit report dated 5-13-02; therefore, reimbursement of \$48.00 is recommended for CPT code 99213.

## **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 3-18-02 through 06-21-02 in this dispute.

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

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

**IRO Certificate #4599**

### **NOTICE OF INDEPENDENT REVIEW DECISION**

July 3, 2003

**Re: IRO Case # M5-03-1683**

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 Doctor of Chiropractic 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 reported a repetitive-stress injury to her upper extremities on \_\_\_\_. She began chiropractic treatment on \_\_\_\_, and it continued into 2003. The patient was treated with physical therapy, medical care, injections and pain management before having surgery to her left elbow in November 2001, and to her right elbow in February 2002.

Requested Service(s)

Office visits, myofascial release, therapeutic procedure, physical medicine treatment, joint mobilization, office visit with manipulations 5/17/02, 5/23/02 – 6/21/02

Decision

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

Rationale

The patient had eleven postoperative sessions after her right elbow surgery, from 3/26/02 to 4/19/02 with poor results. She returned for a twelfth visit on 5/17/02 and reported a pain scale of 7/10. Four weeks of care is sufficient postoperative protocol for this type of surgery. Further treatment would not be of any benefit to the patient. A home-based exercise program would have been appropriate. Any further treatment after four weeks would be unreasonable and unnecessary based on normal protocol and on the documentation presented for his review. Treatment was extensive and ineffective in relieving symptoms or improving function, and the documentation failed to show that the disputed services were necessary.

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

Sincerely,