MDR: Tracking Number M5-03-1702-01

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 3-10-02.

The IRO reviewed chiropractic treatment and physical therapy services rendered from 8-19-02 through 11-19-02 that were denied based upon "V".

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 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:

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
9-10-02	9212MP	$42.60	$0.00	No EOB	$32.00	Medicine GR (I)(B)(1)(b)	SOAP note supports billed service per MFG, reimbursement is recommended of $32.00.
9-10-02	97250	$45.00	$0.00	No EOB	$43.00	CPT Code description	SOAP note does not support billing per MFG; therefore, no reimbursement is recommended.
9-10-02	97139AC	$40.00	$0.00	No EOB	DOP	CPT Code description	

9-10-02	97110	$35.00	$0.00	No EOB	$35.00/ 15 min	Medicine GR (I)(A)(9)(b)	
TOTAL							The requestor is entitled to reimbursement of **$32.00.**

This Decision is hereby issued this 30th 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 8-19-02 through 11-19-02 in this dispute.

This Order is hereby issued this 30th day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 3, 2003

Re: IRO Case # M5-03-1702-01

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 Doctor of Chiropractic who is licensed by the State of Texas and who also is a ___. 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 has consistently reported pain in her left hip, SI joint and leg since she was injured in an automobile accident on___. Prior to the accident she had no pain in the area and was not seeking treatment for any symptoms. The patient was treated by several clinicians who each referred her to another doctor after each had tried a treatment approach without success. Each clinician who treated the patient stated that this case was puzzling and difficult. Various approaches were tried. To date, none have seemed to be satisfactory and the patient continues to have pain in the areas of the initial complaint.

Requested Service(s)
Office visits w/manipulations, therapeutic procedure, application of a modality, myofascial release 8/19/02 – 9/3/02, 9/12/02 – 11/19/02

Decision
I disagree with the carrier's decision to deny the requested treatment

Rationale
On 8/19/02 the treating chiropractor was using standard and conservative treatment, and he was advising the patient that he was considering only six more treatments as she appeared to be responding to care. If that did not stop her pain, he wanted to change treatment modalities. The patient was working full time, and on her initial exam she had no positive Waddell signs. This would indicate low potential for psychological overlay. All of the clinicians thought that the patient was emotionally stable.

On 8/27/02 the patient reported that she hurt after walking three blocks. The care rendered was appropriate. Treatment was from a different perspective from that of prior clinicians: a focused biomechanical approach. The approach was changed in response to the patient's complaints as they were reported. The patient had noted that she had improved only with this doctor's care.
On 9/3/02 the patient had plateaued, but this is not uncommon with this patient's type of injury. However, as the patient was over one year post accident, I question her initial diagnosis and care. This doctor was appropriately trying to correct the problem. There is the possibility that some myofascial stricture or scarring had appeared around the original contusion. Treatment for this condition would be slow and tedious.

On 9/10/02 the patient was not responding adequately and the treating chiropractor changed
care rather than continuing with the same treatment as before, or referring the patient to yet another doctor. He used acupuncture in conjunction with the other therapies that had brought the patient to the then current level.

On 9/12/02 the notes reflect that the patient's response was "better." Although other reviewers have discounted the patient's response, it is a valid criteria for assessing treatment.

On 9/17/02 the treating chiropractor expressed an attempt to focus on the patient's hip problem and changed his approach each visit as the patient related her disability and pain. Acupuncture when used as a modality in conjunction with various treatments has proven clinically to be very effective. The combination of protocols enhance the cumulative effects of each protocol.

On 10/1/02 the patient had her 21st visit with this chiropractor for trauma. In an accident of this type, this is not unusual. The patient has shown overall improvement since initiating care with this doctor. The care was focused and appropriate. The trial with four acupuncture visits was minimal and within customary acupuncture standards for trauma.

On 11/7/02 the office visit was appropriate as the doctor would have to consult with the patient to refer or to direct any subsequent treatment of her condition.
The patient had received a trigger point injection on 11/4/02. The patient received the care necessary to stabilize her condition until other therapeutic modalities would become effective.

On 11/14/02 the patient was seen and treated prior to another trigger point injection a few days later. With no ongoing care this patient could have regressed and become biomechanically unstable.

On 11/19/02 the patient had improved with the trigger point injection and had reported full ROM in her left hip. She was showing continued improvement according to the notes.
The doctor was trying to accelerate the benefits of the TPIs and was treating her more often for a few weeks.

During the period of the treatment in dispute, the patient's condition was improving.

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

Sincerely,