

MDR Tracking Number: M5-03-1775-01

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 3-25-03.

The IRO reviewed chiropractic treatment rendered from 3-25-02 through 1-13-03 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 chiropractic treatment rendered between 3-25-02 and 5-2-02 is considered to be medically necessary. Monthly office visits and referrals for diagnostic testing and pain management were medically necessary. The remainder of the care rendered from 5-3-02 through 1-13-03 were not medically necessary.

The following table reflects the total amount of services found to be medically necessary and unnecessary:

DATE	SERVICE	MFG MAR	MEDICALLY NECESSARY	NOT MEDICALLY NECESSARY
3-25-02 3-27-02 3-29-02	99213	\$48.00	\$48.00 X 3 dates = \$144.00	
3-25-02 3-27-02 3-29-02 4-25-02 4-26-02 5-2-02	97265	\$43.00	\$43.00 X 6 dates = \$258.00	
3-25-02	97032 (6)	\$22.00 ea X6 = \$132.00	\$132.00	
3-27-02	97032	\$22.00 ea	\$22.00	
3-27-02	97122 (4)	\$35.00 / 15 min	\$35.00 X 4 = \$140.00	
3-29-02	97122	\$35.00	\$35.00	
11-22-02 1-13-03 1-23-03	97122	\$35.00		\$35.00 x 3 dates = \$105.00
4-1-02 4-4-02 4-5-02 4-8-02 4-9-02 4-12-02 4-16-02 4-18-02 4-19-02 4-23-02 4-30-02	97113(8)	\$52.00 / 15 min X8= \$416.00	\$416.00 X 12 dates = \$4992.00	

4-25-02 4-26-02	97113(6)	\$52.00 / 15 min X6= \$312.00	\$312.00 X 2 dates = \$624.00	
5-2-02	97113(7)	\$52.00 / 15 min X7= \$364.00	\$364.00	
4-25-02	97112	\$35.00	\$35.00	
4-26-02	97124	\$28.00	\$28.00	
4-30-02	99080	\$15.00	\$15.00	
5-23-02	97113(3)	\$52.00 / 15 min X3= \$156.00		\$156.00
5-3-02 5-7-02 5-9-02 5-10-02 5-15-02 5-16-02 5-21-02 6-5-02	97113(8)	\$52.00 / 15 min X8= \$416.00		\$416.00 X 8 dates = \$3328.00
9-4-02 9-6-02 9-12-02 9-16-02 9-18-02 9-24-02 9-25-02 9-27-02 10-2-02 10-9-02 10-17-02 10-22-02 10-23-02 10-25-02 11-4-02 11-8-02 12-19-02 1-8-03 1-13-03	97265	\$43.00		\$43.00 X 19 dates = \$817.00
9-5-02 10-29-02 11-6-02 11-22-02	97265(2)	\$43.00		\$86.00 X 4 dates = \$344.00
7-8-02 8-13-02 9-12-02	E1300	\$95.00 \$45.00 \$45.00		\$95.00 \$45.00 \$45.00
6-27-02	97113(5)	\$52.00 / 15 min X5= \$260.00		\$260.00
6-11-02 7-9-02 8-1-02 9-18-02 10-2-02 11-6-02 1-03-03	99213	\$48.00	\$48.00 X 7 dates = \$336.00	
6-13-02 6-14-02 6-18-02 6-20-02 6-21-02 6-25-02 6-26-02 6-27-02 7-1-02 7-2-02 7-3-02 7-10-02	99213	\$48.00		\$48.00 X 53 dates \$2544.00

7-12-02 7-15-02 7-16-02 7-18-02 7-22-02 7-25-02 7-26-02 7-29-02 7-31-02 8-8-02 8-13-02 8-15-02 8-16-02 8-20-02 8-22-02 8-23-02 8-28-02 8-29-02 8-30-02 9-4-02 9-5-02 9-10-02 9-12-02 9-13-02 9-16-02 9-24-02 9-25-02 9-27-02 10-4-02 10-7-02 10-9-02 10-15-02 10-16-02 10-17-02 10-22-02 10-23-02 10-25-02 10-29-02 10-31-02 11-8-02 1-13-03				
9-6-02 9-13-02 9-16-02 9-18-02 11-4-02	97032 (4)	\$22.00 X4 = \$88.00		\$88.00 X 5 dates = \$440.00
9-12-02 9-24-02 9-27-02 10-2-02 10-9-02 10-11-02 10-15-02 10-16-02 10-17-02 10-22-02 10-25-02 10-29-02 10-31-02 11-6-02 11-8-02 1-3-03	97032 (2)	\$22.00 X2 = \$44.00		\$44.00 X 16 = \$704.00

9-4-02 10-4-02 10-7-02 10-23-02	97032 (3)	\$22.00 X 3 = \$66.00		\$66.00 X 4 dates = \$264.00
9-10-02	97032 (5)	\$22.00 X 5 = \$110.00		\$110.00
9-6-02 9-10-02 9-12-02 9-13-02 9-16-02 9-18-02 9-24-02 9-25-02 9-27-02 10-2-02 10-4-02 10-9-02 10-11-02 10-15-02 10-16-02 10-17-02 10-22-02 10-25-02 10-29-02 11-6-02 11-8-02 1-3-03	97022 (2)	\$20.00 X 2 = \$40.00		\$40.00 X 22 dates = \$880.00
9-4-02 10-7-02 10-23-02	97022 (3)	\$20.00 X 3 = \$60.00		\$60.00 X 3 dates = \$180.00
9-6-02 9-12-02 9-24-02 9-25-02 9-27-02 10-2-02 10-4-02 10-11-02 10-15-02 10-16-02	97012 (2)	\$20.00 or less MFG limits billing of 1 unit only per session Requestor billed \$10.00 per unit		\$10.00 X 10 = \$100.00
10-23-02 10-28-02 11-22-02 12-16-02	99090	\$108.00		\$108.00 X 4 dates = \$432.00
8-7-02	99362	\$95.00		\$95.00
9-25-02	97035 (2)	\$22.00 X 2 = \$44.00		\$44.00
10-4-02	99080	\$15.00		\$15.00
10-31-02 1-3-03	97010 (2)	\$11.00 MFG limits billing of 1 unit only per session Requestor billed \$11.00 per unit		\$11.00 X 2 dates = \$22.00
9-5-02	97124 (2)	\$28.00 X 2 = \$56.00		\$56.00
1-13-03	97018	\$16.00		\$16.00
12-19-02	99215	\$100.00	\$100.00	
11-9-02	99078	DOP		\$475.00
8-5-02	64550	\$101.00		\$101.00
TOTAL			\$7225.00	\$11,673.00

On this basis, the total amount recommended for reimbursement (\$7225.00) 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 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 identify specific disputed issues identified as "No EOB"; therefore, they will be reviewed for MAR in accordance with *Medical Fee Guideline*.

The carrier raised "contract issue". Requestor does not refute contract issue or that a contract exists. Therefore, no additional reimbursement is recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
5-14-02	97750 (5)	\$500.00	\$0.00	F	\$100.00/hr		FCE report shows a start time of 2:00 and ending of 6:00 = 4 hours, Per MFG reimbursement of \$400.00 is recommended.
5-30-02	95900 - 27 (6)	\$64.00 ea X6 = \$384.00 X 70% =	\$44.80ea X 6 = \$268.80	F	\$64.00 / nerve	Medicine GR (IV)	Report supports testing of Radial, Ulnar and Median nerves bilaterally; The insurance carrier paid the requestor per MFG. Additional reimbursement is not recommended.
5-30-02 10-11-02	95904 - 27 (4)	\$64.00 ea X4 = \$256.00 X %70% = \$179.20	\$44.80ea X 4 = \$179.20	F	\$64.00 / nerve	Medicine GR (IV)	The insurance carrier paid the requestor per MFG. Additional reimbursement is not recommended.
1-8-03	97018	\$16.00	\$0.00	R	\$16.00	CPT Code Descriptor	Extent of injury issue resolved and cervical spine was found to be compensable. Report to support service rendered and charged per MFG was not submitted, no reimbursement is recommended.
12-12-02	99080	\$15.00	\$0.00	No EOB	\$15.00	Rule 129.5(d)	There was no change in claimant's work status to support billing of TWCC-73 per statute.
9-5-02	72110	\$135.00	\$0.00	F	\$100.00	Rule 133.307(g)(3)(B)	Report to support service rendered and charged per MFG was not submitted, no reimbursement is recommended.
9-5-02	72052	\$150.00	\$0.00	F	\$132.00		
9-5-02	72070	\$80.30	\$0.00	F	\$56.00		

10-11-02	95925-27 (4)	\$212.00	\$148.40	F	\$175.00 X 70% = \$122.50	MFG Preamble CPT Code Descriptor	Report to support service rendered and charged per MFG was not submitted, no reimbursement is recommended.
10-11-02	95900 -27 (4)	\$64.00 ea X4 = \$256.00 X %70% = \$179.20	\$44.80ea X 4 = \$179.20	F	\$64.00 / nerve	Medicine GR (IV)	
10-11-02	95935 -27 (2)	\$106.00	\$37.10 (x2) = \$74.20	F	\$53.00 / study per extremity		
10-11-02	95999 (8)	\$680.00	\$0.00	N	DOP	General Instructions GR (III)	
4-16-02 7-2-02 8-5-02 9-6-02 11-27-02 1-8-03	99080	\$15.00	\$0.00	F	\$15.00	Rule 129.5(d)	There was no change in claimant's work status to support billing of TWCC-73 per statute.
12-5-02	97022	\$20.00	\$0.00	F	\$20.00	CPT Code Descriptor	EOB shows on this date requestor billed 2 units and was paid 1 in accordance with MFG, no additional reimbursement is recommended.
12-5-02	97010	\$11.00	\$0.00	F	\$11.00	CPT Code Descriptor	EOB shows on this date requestor billed 2 units and was paid 1 in accordance with MFG, no additional reimbursement is recommended.
1-23-03	99215	\$100.00	\$0.00	No EOB	\$100.00	CPT Code Descriptor	Report to support service rendered and charged per MFG was not submitted, no reimbursement is recommended.
11-16-02	99215	\$100.00	\$80.00	C	\$100.00	CPT Code Descriptor	The carrier raised "contract issue". Requestor does not refute contract issue or that a contract exists. Therefore, no additional reimbursement is recommended.
11-16-02	76800	\$350.00	\$150.40	F	\$188.00	CPT Code Descriptor	The difference between amount billed per MFG and amount paid results in a difference of \$37.60. The requestor is entitled to additional reimbursement of \$37.60.
TOTAL							The requestor is entitled to reimbursement of \$437.60

This Decision is hereby issued this 12th day of August 2004.

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 3-27-02 through 1-24-03 in this dispute.

This Order is hereby issued this 12th day of August 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 28, 2003

RE: MDR Tracking #: M5-03-1775-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer. The Chiropractic physician reviewer has signed a certification statement stating 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 the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

According to the documentation supplied, the claimant was carrying a box of peaches at work on ___, when she felt pain in her neck, mid-back, right shoulder and lower back. The documentation did not reveal any treatment from 11/27/2001 – 02/06/2002. On 02/07/2002 the claimant reported to a chiropractor for evaluation. The claimant received care under the care of the chiropractor from 02/07/2002 until 01/13/2003. Several diagnostic studies were performed on the claimant, which revealed herniations in her cervical and lumbar regions. The claimant received various forms of active and passive care. The claimant was referred to a doctor for pain management. She was eventually given a 10% impairment.

Requested Service(s)

The medical necessity of the chiropractic treatment rendered between 03/25/2002 – 01/13/2003.

Decision

I disagree with the insurance company and agree with the treating doctor that the chiropractic treatments rendered between 03/25/2002 – 05/02/2002 were medically necessary. I also feel that monthly office visits and referrals for diagnostic testing and pain management were medically necessary. I agree with the insurance company that the remainder of care rendered between 05/03/2002 – 01/13/2003 was not medically necessary.

Rationale/Basis for Decision

The claimant began care with the treating physician on 02/07/2002 and 8-12 weeks of conservative care is considered appropriate for the compensable injury. The care rendered between 02/07/2002 – 05/02/2002 is considered to be a normal treatment protocol. At the end of 12 weeks without substantial improvement, it would be necessary for the treating doctor to continue to monitor the claimant's condition and refer to the appropriate doctor for care. Ongoing passive and active care would not be necessary. Since conservative care was not showing significant progress, a surgical consult would be needed to rule out any possibility of a needed surgery. If surgery was not indicated then a referral for pain management was necessary. Continued chiropractic modalities that were showing minimal improvement are not considered to be reasonable.