

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO: 453-04-3601.M5

THIS MDR TRACKING NO. WAS REMANDED. THE AMENDED MDR TRACKING NO. IS: M5-03-1804-02

MDR: Tracking Number M5-03-1804-01

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 03-27-03.

The IRO reviewed chiropractic treatment (work hardening, myofascial release, team conference, tens, somatosensory testing, office visits, therapeutic procedures, manual traction, and joint mobilization) rendered from 06-12-02 through 01-21-03 that were denied based upon "U" and V.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for office visits (99213) and therapeutic procedures (97110) from 06-12-02 through 07-25-02. The requestor also did not prevail on issues of medical necessity for work hardening, myofascial release, team conference, tens, somatosensory testing, office visits, therapeutic procedures, manual traction, and joint mobilization after date of service 07-25-02. Consequently, the requestor is not owed a refund of the paid IRO fee.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for work hardening, myofascial release, team conference, tens, somatosensory testing, manual traction, and joint mobilization from 06-12-02 through 07-25-02.

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 10, 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:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
11-15-02	97545WP	\$128.00	0.00	Z	\$64/hour	MFG MGR (II)(C) &(E)	Authorization is not needed requestor is CARF accredited. However soap notes submitted do not confirm delivery of services for dates of service. Reimbursement not recommended
	97546WP	\$384.00	0.00	Z	\$64/hour		
11-18-02	97545WP	\$128.00	0.00	Z	\$64/hour		
	97546W H	\$384.00	0.00	Z	\$64/hour		
11-19-02	97545W H	\$128.00	0.00	Z	\$64/hour		
	97546	\$384.00	0.00	Z	\$64/hour		
12-13-02	99361	\$53.00	0.00	G	\$53.00	MFG E/M GR (XVII)(B)	Soap notes submitted do not confirm delivery of service for dates of service. Reimbursement not recommended
12-18-02	97546W H	\$384.00	0.00	Z	\$64./hour	MFG MGR (II)(C) &(E)	
	97545W H	\$128.00	0.00		\$64./hour		
12-19-02	97546W H	\$384.00	0.00	Z	\$64./hour		
	97545W H	\$128.00	0.00		\$64./hour		
12-23-02	97545W H	\$128.00	0.00	Z	\$64./hour		
	97546W H	\$384.00	0.00		\$64./hour		
12-20-02	97546W H	\$384.00	0.00	No EOB	\$64./hour		
	97545W H	\$128.00	0.00		\$64./hour		
12-24-02	97546W H	\$384.00	0.00	Z	\$64./hour		
	97545W H	\$128.00	0.00		\$64/hour		
TOTAL		\$2613.00	0				

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 06-12-02 through 01-21-03 in this dispute.

This Decision is hereby issued this 26th day of January 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 3, 2003

Re: IRO Case # M5-03-1804-01

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, Rule 133.308 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 injured his lower back on ___ when the wind caught the ladder he was moving.

The patient was initially seen by an MD on 5/16/02. The patient changed to his current treating doctor on 6/11/02 and began chiropractic treatment.

Requested Service(s)

Chiropractic treatments 6/12/02 – 1/21/03

Decision

I disagree with the carrier's decision to deny the requested treatment 6/12/02 through 7/25/02 except for CPT code 99213 and CPT code 97110.

I agree with the carrier's decision to deny the requested treatment after 7/25/02 and CPT codes 99213 and 97110.

Rationale

Six weeks of chiropractic treatment is reasonable for the patient's injury. Routine use of CPT code 99213 is not reasonable as it is intended for reevaluation. The documentation provided related to CPT code 97110 lacks description of specific exercises and the patient's responses to those exercises.

As of 8/1/02 the patient's pain scale was still 4/10 as it was initially. Treatment was extensive throughout the dates in dispute. The patient should have shown some relief of symptoms or improved function after six weeks of treatment, and according to the documentation provided, he had not done so. Treatment of an injury should be provided in the most appropriate, least intensive setting, be cost effective and show objectively measured functional gains. The documentation provided does not indicate that any of the above criteria were met, or that the patient's treatment protocol was directed at progression for return to work.

Repeatedly, throughout the documentation, the patient's pain scale is rated at 4/10.

Objective findings are minimal, lacking specific, quantifiable measurements and findings to support treatment. On 1/21/03 the patient's pain scale was still 4/10, six months after treatment was initiated.

The documentation presented is very limited, vague, computer generated and monotonous, providing very little useful information to support continued treatment.

Treatment as of 8/1/02 was inappropriate and probably iatrogenic, resulting in doctor dependency.

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

Sincerely,