

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

SOAH DOCKET NO. 453-04-3417.M5

MDR: Tracking Number M5-03-1869-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 3-21-03.

The IRO reviewed office visits, mechanical traction, electrical stimulation, and therapeutic exercises rendered from 4-1-02 through 5-1-02, 6-3-02 through 6-28-02, and 7-1-02 through 7-12-02 that were denied as not medically necessary.

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.

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. The disputed dates of service 3-1-02 through 3-20-02 are untimely and not reviewable per TWCC Rule 133.307 (d)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the dates of service in dispute. The Commission received the medical dispute on 3-21-03.

On July 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:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
3-22-02 3-27-02 3-28-02	99213 97010 97014 97110 (3) 97250	68.00 16.00 21.00 147.00 61.00	0.00	No EOB	48.00 11.00 15.00 35.00 ea 15 min 43.00	96 MFG Med GR I A 10 A; E/M GR VI B; CPT descriptors	Follow-up note dated 3-27-02 supports level of service only. Recommend reimbursement of \$48.00. Medical records to support delivery of service were not submitted for DOS 3-22-02 and 3-28-02; therefore, reimbursement not recommended.
5-3-02 5-8-02 5-10-02 5-13-02 5-15-02 5-17-02 5-22-02 5-28-02 5-29-02 5-31-02	99213 97010 97014 97110 (4) 97250	68.00 16.00 21.00 196.00 61.00	0.00	No EOB	48.00 11.00 15.00 35.00 ea 15 min 43.00	96 MFG Med GR I A 10 A; E/M GR VI B; CPT descriptors	Follow-up note dated 5-13-02 supports level of service only. Recommend reimbursement of \$48.00. Medical records to support delivery of physical therapy sessions were not submitted for DOS 5-3-02 through 5-31-02; therefore, reimbursement not recommended.
TOTAL		3148.00	0.00				The requestor is entitled to reimbursement of \$96.00

The above Findings and Decision are hereby issued this 6th day of January 2004.

Dee Z. Torres
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 3-22-02 through 7-12-02 in this dispute.

This Order is hereby issued this 6th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

July 22, 2003

REVISED DECISION
Consideration of additional dates of service.

Re: Medical Dispute Resolution
MDR #: M5-03-1869-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Brief Clinical History:

This male claimant suffered a fracture of his right ankle and an undisplaced fibular fracture in a work-related accident on ___. He was treated by an orthopedic surgeon and a chiropractor.

Disputed Services:

Mechanical traction, electrical stimulation, therapeutic exercises, and office visits with manipulation during the periods of 04/01/02 – 05/01/02, 06/03/02 – 06/28/02, and 07/01/02 - 07/12/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the chiropractic treatment listed above were medically necessary in this case.

Rationale:

Careful review of the records provided for review revealed that the medical care the patient received since the date of injury was appropriate, reasonable and medically necessary. His care has not been over-utilized according to the professional opinion and the standard of care regarding this type of injury.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,