

MDR: Tracking Number M5-03-1940-01

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 March 31, 2003. Per Rule 133.307 (d) (1) a request should be considered timely if it is filed with the division no later than one year from the date of service in dispute. Therefore services in dispute for dates of service 03-25-02 and 03-29-02 were not reviewed.

The IRO reviewed Chiropractic treatment and services (office visits, manual traction, myofascial release, joint mobilization, therapeutic procedures and range of motion measurements) rendered from 04-01-02 through 07-11-02 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 for chiropractic treatment and services (office visits, manual traction, myofascial release, joint mobilization, therapeutic procedures and range of motion measurements). 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.

On July 21, 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
04/01/02	99213	48.00	0.00	F	48.00	MFG, MGR (I)(B)(1)(b)	SOAP notes support services rendered as billed. Reimbursement is

							recommended \$48.00	
04/03/02	97122	35.00	0.00	F	35.00	MFG, MGR (I)(A)(10)(a)	SOAP notes support services rendered as billed. Reimbursement is recommended \$35.00	
04/10/02	97122	35.00	0.00	F	35.00	MFG, MGR (I)(A)(10)(a)	SOAP notes support services rendered as billed. Reimbursement is recommended \$35.00	
04/12/02	97122	35.00	0.00	F	35.00	MFG, MGR (I)(A)(10)(a)	SOAP notes support services rendered as billed. Reimbursement is recommended \$35.00	
04/22/02	97122	35.00	0.00	F	35.00	MFG, MGR (I)(A)(10)(a)	SOAP notes support services rendered as billed. Reimbursement is recommended \$35.00	
TOTAL		\$188.00						The requestor is entitled to reimbursement of <b>\$188.00.</b>

This Decision is hereby issued this 30<sup>th</sup> day of December 2003.

Georgina Rodriguez  
 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 04-01-02 through 07-11-02 in this dispute.

This Order is hereby issued this 30<sup>th</sup> day of December 2003.

Roy Lewis, Supervisor  
 Medical Dispute Resolution  
 Medical Review Division

July 14, 2003

Re: Medical Dispute Resolution  
 MDR #: M5-03-1940-01  
 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.

**Clinical History:**

This male claimant injured his heel and left upper shoulder in a work-related accident on \_\_\_\_\_. His pain continued to increase as the day went on. The strain/sprain diagnosis was complicated by radiculitis and degenerative disc disease. There are multiple dates of visits with the orthopedic surgeon when continued therapy and rehabilitation are recommended, 03/19/02, 04/09/02 (at which time an MRI was requested), and on 05/21/02. On 07/11/02, the orthopedic surgeon stated the patient was capable of beginning work hardening.

**Disputed Services:**

Chiropractic treatments from 04/08/02 through 07/11/02.

**Decision:**

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

**Rationale:**

Documentation of the patient's progress is found throughout treatment. The strain/sprain diagnosis was complicated by radiculitis and degenerative disc disease, which would increase the treatment plan time. All the treatment was reasonable and medically necessary in order to return the patient to work on time. It should be noted that he was able to return to work without the need to go through the work hardening program.

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,