

MDR Tracking Number: M5-03-1997-01

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 04-04-03.

The IRO reviewed office visits, unlisted therapeutic procedures, electrical stimulation, aquatic therapy, therapeutic activities, gait training, muscle testing, physical medicine, range of motion measurements and 97750 rendered from 09-19-02 through 12-13-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity physical medicine (97799) on 10-23-02.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity office visits, unlisted therapeutic procedures, electrical stimulation, aquatic therapy, therapeutic activities, gait training, muscle testing, range of motion measurements and 97750. 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 \$650.00** 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 07-10-03, 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
09-13-02	97139P H	\$50.00	0.00	F	DOP	MFG GI GR (III)	97139PH was denied for F however documentation submitted does not meet documentation criteria therefore no reimbursement is recommended
09-16-02	97139P H	\$50.00					
09-17-02	97139P H	\$50.00					
09-26-02	97139P H	\$50.00					
09-28-02	97139P H	\$50.00					
TOTAL		\$250.00					The requestor is not entitled to reimbursement

This Decision is hereby issued this 30th day of March 2004.

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 09-19-02 through 09-28-02 and 11-19-02 through 12-13-02 in this dispute.

This Order is hereby issued this 30th day of March 2004.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION amended
 March 15, 2004

Re: IRO Case # M5-03-1997-01

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 physician who is Board Certified in Physical medicine and Rehabilitation, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. 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 is a 52-year-old male who was injured on ___. He was in the back of a utility vehicle and fell backward, landing on his right buttock. He presented to the ER where x-rays were taken of the hip and were presumably negative. He presented for follow up evaluation with his treating physician on 9/9/02. He began physical therapy on 9/13/02 and attended six sessions over a two-week period, completed on 9/28/02. The patient restarted physical therapy on 11/19/02 for six more visits, which were completed on 12/7/02. An FCE was performed on 12/13/02.

Requested Service(s)

Office visits, unlisted therapeutic procedures, aquatic therapy, therapeutic activities, gait training, electrical stimulation, physical medicine treatment, muscle testing, range of motion measurements and 97750 9/19/02-12/13/02

Decision

I disagree with the carrier's decision to deny the requested services, except for the services

on 10/23/02.

I agree with the decision to deny the services on 10/23/02.

Rationale

The patient suffered an injury to his back when he fell. He was diagnosed with a contusion and was treated with a short course of physical therapy. TWCC forms report a gradual

improvement in the patient's lifting ability. TWCC forms reveal that the patient was returned to work with restrictions in October 2002. It appears that the patient did not tolerate his return to work restrictions, and they had to be modified. He apparently then restarted physical therapy for another two weeks. This was followed by an FCE demonstrating the patient's inability to function at the level required for his job. The treatment was reasonable and the patient showed documented improvement.

A job site analysis was performed 10/23/02. No documentation was provided for this review supporting the medical necessity of the job site analysis.

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