

MDR Tracking Number: M5-03-2003-01

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 April 4, 2003. Per Rule 133.308 (e)(11) dates of service 1/16/02 through 4/1/02 were filed after the one-year filing deadline and are therefore considered untimely and not eligible for review.

The IRO reviewed office visits w/manipulations, therapeutic exercises & activities, neuromuscular re-education, manual traction, joint mobilization, physician phone conversation, supplies & materials, range of motion testing, muscle testing, electrical stimulation, functional capacity evaluation, myofascial release rendered from 4/5/02-4/8/02, 4/11/02, 4/15/02-4/23/02, 4/25/02-5/6/02, 5/9/02-5/15/02, 5/17/02-5/20/02, 5/30/02-7/17/02 denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the majority of the medical necessity issues. 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. The office visits w/manipulations, therapeutic exercises & activities, neuromuscular re-education, manual traction, joint mobilization, physician phone conversation, supplies & materials, range of motion testing, muscle testing, electrical stimulation, functional capacity evaluation, myofascial release rendered on 4/5/02 through 5/17/02 were found to be medically necessary. The office visits w/manipulations, therapeutic exercises & activities, neuromuscular re-education, manual traction, joint mobilization, physician phone conversation, supplies & materials, range of motion testing, muscle testing, electrical stimulation, functional capacity evaluation, myofascial release rendered on 5/17/02 through 7/17/02 were not found to be medically necessary. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On July 15, 2002, 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.

Both parties failed to submit copies of EOBs. Therefore, due to the lack of EOBs, the dates of service in dispute will be reviewed according to the Medical Fee Guideline.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
4/10/02	99372	\$25.00	\$0.00	F	\$21.00	<u>MFG, Evaluation/ Management Ground Rule (XVIII)(C)</u>  <u>MFG, General Instructions (III)(A-B)</u>	Review of the treatment record supports delivery of service. The requestor, is therefore, entitled to reimbursement in the amount of \$21.00.
4/12/02	99213	\$65.00	\$0.00	No EOB	\$48.00	<u>MFG, Evaluation/ Management Ground Rule (VI)(B)</u>  Rule 133.307 (g)(3)	The requestor, did not submit relevant information to support delivery of service, therefore reimbursement is not recommended.
	97110	\$50.00	\$0.00	No EOB	\$35.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(b), (I)(A)(10)(a), (I)(A)(11)</u>  Rule 133.307 (g)(3)	Review of the SOAP note submitted by the requestor supports delivery of service. The requestor, is therefore, entitled to reimbursement in the amount of \$35.00.
	97112	\$35.00	\$0.00	No EOB	\$35.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(b-c) (I)(A)(10)(a)</u>  Rule 133.307 (g)(3)	Review of the SOAP note and the treatment record, does not support delivery of service. The requestor, is therefore, not entitled to reimbursement of the dispute charges.
	97250	\$45.00	\$0.00	No EOB	\$43.00		
	97265	\$45.00	\$0.00	No EOB	\$43.00		
4/24/02	99213	\$65.00	\$0.00	No EOB	\$48.00	<u>MFG, Evaluation/ Management Ground Rule (VI)(B)</u>  Rule 133.307 (g)(3)	Review of the treatment record submitted by the requestor supports delivery of service. The requestor, is therefore, entitled to reimbursement in the amount of \$48.00.

	97530	\$50.00	\$0.00	No EOB	\$35.00	<u>MFG, Medicine Ground Rule (I)(A)(10)(a), (I)(A)(11)(b)</u>  Rule 133.307 (g)(3)	Review of the SOAP note supports delivery of service. The requestor, is therefore, entitled to reimbursement in the amount of \$35.00.
	97112	\$35.00	\$0.00	No EOB	\$35.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(b), (I)(A)(10)(a)</u>  Rule 133.307 (g)(3)	Review of the SOAP note supports delivery of service. The requestor, is therefore, entitled to reimbursement in the amount of \$35.00.
	97250	\$45.00	\$0.00	No EOB	\$43.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a)</u>  Rule 133.307 (g)(3)	Review of the SOAP note and treatment record, does not support delivery of service. The requestor, is therefore, not entitled to reimbursement of the disputed charges.
	97265	\$45.00	\$0.00	No EOB	\$43.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a)</u>  Rule 133.307 (g)(3)	Review of the SOAP note and treatment record, does not support delivery of service. The requestor, is therefore, not entitled to reimbursement of the disputed charges.
	99070	\$30.00	\$0.00	No EOB	DOP	<u>MFG, General Ground Rule (III) &amp; (IV)</u>	Review of the SOAP note and treatment record, does not support delivery of service. The requestor, is therefore, not entitled to reimbursement of the disputed charges.
5/7/02	99213	\$65.00	\$0.00	No EOB	\$48.00	<u>MFG, Evaluation/ Management Ground Rule (VI)(B)</u>  Rule 133.307 (g)(3)	Review of the treatment record submitted by the requestor supports delivery of service. The requestor, is therefore, entitled to reimbursement in the amount of \$48.00.

	97530	\$50.00	\$0.00	No EOB	\$35.00	<u>MFG, Medicine Ground Rule</u> (I)(A)(10)(a), (I)(A)(11)(b)  Rule 133.307 (g)(3)	Review of the SOAP note supports delivery of service. The requestor, is therefore, entitled to reimbursement in the amount of \$35.00.
	97112	\$35.00	\$0.00	No EOB	\$35.00	<u>MFG, Medicine Ground Rule</u> (I)(A)(9)(b-c), (I)(A)(10)(a)	Review of the SOAP note and treatment record, does not support delivery of service. The requestor, is therefore, not entitled to reimbursement of the disputed charges.
	97250	\$45.00	\$0.00	No EOB	\$43.00		
	97265	\$45.00	\$0.00	No EOB	\$43.00	Rule 133.307 (g)(3)	
5/16/02	97250	\$90.00	\$43.00	No EOB	\$43.00	<u>MFG, Medicine Ground Rule</u> (I)(A)(9)(c), (I)(A)(10)(a)  Rule 133.307 (g)(3)	The office report submitted by the requestor supports delivery of service. Therefore the requestor is entitled to reimbursement in the amount of \$43.00.
5/21/02	97265	\$90.00	\$0.00	F	\$86.00	<u>MFG, Medicine Ground Rule</u> (I)(A)(9)(c), (I)(A)(10)(a)	Review of the treatment record and SOAP note, submitted by the requestor, does not support delivery of service. The requestor, is therefore, not entitled to reimbursement of the disputed charge.
TOTAL		\$955.00	\$43.00		\$719.00		The requestor is entitled to reimbursement in the amount of \$300.00

This Decision is hereby issued this 9<sup>th</sup> day of January 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

## 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 4/5/02 through 5/16/02 in this dispute.

This Order is hereby issued this 9<sup>th</sup> day of January 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/mqo

July 2, 2003

IRO Certificate# 5259  
MDR Tracking Number: M5-03-2003-01

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_.

### CLINICAL HISTORY

According to the clinic intake sheet filled out by the patient and dated \_\_\_\_, she complained of right arm and shoulder blade pain. Her accompanying pain drawing showed a marking over the lateral aspect of the right arm, and the area around her right scapula and mid-back region. The quality of pain was stated as constant and throbbing and aching, with a severity of 5 out of a maximum of 10. She further said it interfered with her work, sleep, daily routine, and recreation.

### REQUESTED SERVICE (S)

Medical necessity of office visits with manipulations, therapeutic exercises and activities, neuromuscular re-education, manual traction, joint mobilization, physician phone conversation, supplies and materials, range of motion testing, muscle testing, electrical stimulation, functional capacity evaluation, myofascial release. Service dates 4/5-8/02, 4/11/02, 4/15-23/02, 4/25-5/6/02, 5/9-15/02, 5/17-20/02, 5/30-7/17/02.

### DECISION

Approve treatments through 5/15/02. Deny treatments from 5/17-7/17/02.

### RATIONALE/BASIS FOR DECISION

As of the 15<sup>th</sup> of May, the patient expressed "feeling great" while at \_\_\_ office. Patient notes from \_\_\_ office of the same date are in concert as to patient presentation. \_\_\_ reports demonstrated improvement over the three month time period that she was seen by him, and substantial relief having been obtained by May 15, 2002.

The report from \_\_\_ dated April 17, 2002 showed continued symptomatology from the patient as of that date, but could offer no other solutions than to continue current therapy procedures.

In \_\_\_ report, she states a diagnosis of "strain". In reviewing the initial exam findings the patient's injury and pain description on intake paperwork, the injury appears more clearly of a "sprain" entity. Strains usually resolve within the first several weeks of treatment and this case clearly demonstrates ongoing problems beyond that time interval. Sprains may take up to 6 or 9 months for resolution depending on severity.

Timing can be everything in treating patients. The intervention of a hysterectomy in late February, followed by complications necessitating emergency treatment in late March, become aggravating factors not foreseeable during the course of treatment. They do, however, exacerbate the injury site and commonly interfere with/extend the treatment regime.