

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 17, 2003.

The IRO reviewed: Office visits, office visits with manipulations, myofascial release, electrical stimulation, ultrasound, FCE and required report for dates of service rendered on 6/28/02 – 8/22/02, 9/5/02, 9/9/02, 9/10/02, 9/20/02, 10/3/02, 10/8/02, and 10/22/02 were denied based upon “V”.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor did not prevail** on the issues of medical necessity. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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, office visits with manipulations, myofascial release, electrical stimulation, ultrasound, FCE and required report for dates of service rendered on 6/28/02 – 8/22/02, 9/5/02, 9/9/02, 9/10/02, 9/20/02, 10/3/02, 10/8/02, and 10/22/02 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.

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

DOS	CPT CODE	Billed	MAR	Paid	EOB Denial Code	Reference	Rationale
8/26/02	97545-WH 97546-WH	\$128.00 \$256.00	\$102.40 \$204.80	\$0.00	V	<u>MFG</u> , <u>Medicine</u> <u>Ground</u> <u>Rule</u> (II)(E)(1-10) <u>TWCC</u> <u>Rule</u> <u>134.600</u> (b)(1)(B) & (h)(9)	Review of the documentation submitted by the requestor revealed that the Work Hardening program was preauthorized. The carrier cannot retrospectively deny care based on medical necessity when preauthorization has been obtained prior to rendering care. The disputed charges are therefore reviewed according to the <u>MFG</u> . Review of the preauthorization letter from ____, dated 8/22/02 revealed that preauthorization was obtained for 30 units of a Work
8/27/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
8/28/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
8/29/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				

8/30/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				Hardening program for dates of service 8/26/02 through 10/4/02. Review of the HCFA 1500's revealed that the requestor billed CPT codes 97545-WH and 97546-WH, the AP modifier was not utilized, reimbursement with the 20% reduction for non-CARF Accreditation is recommended.
9/3/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
9/4/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
9/5/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
9/6/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
9/9/02	97545-WH 97546-WH	\$128.00 \$192.00	\$102.40 \$153.60				
9/10/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
9/11/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
9/12/02	97545-WH 97546-WH	\$128.00 \$128.00	\$102.40 \$102.40				
9/13/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
9/16/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
9/17/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				

9/18/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
9/19/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
9/20/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
9/23/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
9/24/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
9/25/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
9/26/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
9/27/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
9/30/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
10/1/02	97545-WH 97546-WH	\$128.00 \$320.00	\$102.40 \$256.00				
10/3/02	97545-WH 97546-WH	\$128.00 \$256.00	\$102.40 \$204.80				

12/3/02	99213- MP	\$48.00	\$48.00	\$0.00	E	<u>MFG,</u> <u>Medicine</u> <u>Ground</u> <u>Rule</u> (I)(B)(1)(b)	Review of the Commission's records revealed that a TWCC 21 was filed by the carrier disputing psychological treatment. Review of the EOB for date of service 12/3/02 revealed that the requestor billed with diagnosis codes 723.4 (brachial neuritis, 724.4 (thoracic or lumbosacral neuritis), 847-1 (thoracic sprain, and 840.8 (sprain of other specified site. The TWCC 21 is therefore not relevant to the disputed charges. Therefore, the disputed charges will be reviewed according to the <u>MFG.</u> The office not submitted by the requestor supports delivery of service. The requestor is entitled to reimbursement in the amount of \$48.00.
TOTALS			\$3,489.76	\$0.00			The requestor is therefore entitled to reimbursement in the amount of \$3,489.76.

This Decision is hereby issued this 9th 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 the Work Hardening program for date of service 8/26/02 through 10/3/02 and the office visit with manipulation for date of service 12/3/02 in this dispute.

This Order is hereby issued this 9th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
MQO/mqo

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 23, 2003

Re: IRO Case # M5-03-2047-01

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 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 back and neck on ___ when a heavy freezer door closed on his back while he was rolling a load of meat. He immediately sought medical care, and was treated with medication. MRIs of the cervical spine and lumbar spine were obtained. The patient was then referred for chiropractic treatment.

Requested Service(s)

Office visits, office visits with manipulation, myofascial release, electrical stimulation, ultrasound, FCE, required report. 6/28/02 – 8/22/02, 9/5/02, 9/9/02, 9/10/02, 9/20/02, 10/3/02, 10/8/02, 10/22/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The documentation presented for this review was very limited regarding treatment of the patient. The response to treatment was poor. The patient was placed at MMI on 8/5/02. The patient stated to the examiner at that time that, "he does not see any improvement from the intense chiropractic treatment so far." After an MMI date is reached all further treatment must be reasonable and effective in relieving symptoms or improving function, which the disputed treatment was not doing. There are inconsistencies throughout the documentation when comparing subjective complaints to the scarcity of objective findings. It appears from the records provided that there may have been symptom magnification, and that the patient suffered from a minor cervical and lumbar strain injury superimposed on preexisting degenerative joint disease. The compression of the nerve roots was likely related to the degenerative and hypertrophied changes in the spine. The prognosis for improvement in function or relief of symptoms would have been poor with chiropractic treatment. The documentation provided failed to show objective, quantifiable findings to support treatment for the dates in dispute.

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

Sincerely,