

MDR Tracking Number: M5-03-2115-01

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 04-25-03.

The IRO reviewed physical therapy (therapeutic procedures, myofascial release, hot or cold packs, and ultrasound. treatments rendered from 04-25-02 through 07-19-02 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 physical therapy (therapeutic procedures, myofascial release, hot or cold packs, and ultrasound. 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 June 18, 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:

<b>DOS</b>	<b>CPT CODE</b>	<b>Billed</b>	<b>Paid</b>	<b>EOB Denial Code</b>	<b>MARS (Maximum Allowable Reimbursement)</b>	<b>Reference</b>	<b>Rationale</b>
04-25-02	L3982	\$292.00	40.00	N	DOP	MFG DME GR(XII)	SOAP notes do not support delivery of service. No additional reimbursement recommended
	97500	\$100.00	19.20	C	\$24.00- %10 per contract= \$21.60	MFG MGR (I)(10)(d)	SOAP notes support delivery of service. Additional recommended reimbursement (\$43.20- \$19.20 already paid) \$24.00
07-17-02	97110	\$70.00	\$0.00	C	\$35.00- %10 = \$31.50 per unit	MFG, MGR (I)(10)(a)	SOAP notes support delivery of service. Recommended reimbursement \$63.00 (\$31.50 * 2 units)
	97250	\$43.00	\$0.00	C	\$43.00- %10= \$38.70	MFG, MGR (I)(C)(3)	SOAP notes do not support delivery of service. No reimbursement recommended
	97035	\$25.00	\$0.00	C	\$22.00- %10= \$19.80	MFG MRG (I)(9)(a)(iii)	SOAP notes support delivery of service. Recommended reimbursement \$19.80
07-19-02	97110	\$70.00	\$0.00	C	\$35.00- %10 = \$31.50 per unit	MFG, MGR (I)(10)(a)	SOAP notes support delivery of service. Recommended reimbursement \$63.00 (\$31.50 * 2 units)
	97250	\$43.00	\$0.00	C	\$43.00- %10= \$38.70	MFG, MGR (I)(C)(3)	SOAP notes do not support delivery of service. No reimbursement recommended
	97010	\$18.00	\$0.00	C	\$11.00- %10= \$9.90	MFG MRG (I)(9)(a)(ii)	SOAP support delivery of service. Reimbursement recommended \$9.90
<b>TOTAL</b>		<b>\$661.00</b>					The requestor is entitled to reimbursement of \$ 179.70

**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 06-24-02 through 07-19-02 in this dispute.

This Decision is hereby issued this 7<sup>th</sup> day of January 2004.

Georgina Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

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June 9, 2003

An independent review of the above-referenced case has been completed by a medical physician [board certified] in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, 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 \_\_\_.

Sincerely,

Treatment:

Approval Advised as Medically Necessary

Treatment Duration:

Approval of Duration of Treatment is Advised as Medically Necessary

Treatment Setting:

Approval Advised as Treatment Setting Medically Necessary

Other Advisement:

Review of the clinical records indicates an ulnar nerve surgery was performed on 4-16-02 by \_\_\_\_\_. The patient had post operative therapy ordered by the treating physician and was provided for about 3 months. An IME exam with \_\_\_\_, the insurance company's selected agent found on 8-22-02 that the treatment with therapy and psychological support for chronic pain was appropriate. The denial was based on a PE by the insurance IME doctor supported the care. Clearly the procedures are reasonable and medically appropriate as per the treating and IME physicians.