

MDR Tracking Number: M5-03-2127-01

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 04-28-03.

The IRO reviewed therapeutic procedures, office visits, and therapeutic activities rendered from 10-16-02 through 01-06-03 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 for therapeutic procedures, office visits, and therapeutic activities. Consequently, the requestor is not owed a refund of the paid 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 06-18-03, 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
10-24-02	99213	\$48.00	0.00	No EOB	\$48.00	MFG, E & M GR(IV)(C)(2)	Soap notes confirm delivery of service. Recommended reimbursement \$48.00
TOTAL		\$48.00					The requestor is entitled to reimbursement of \$48.00

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 date of service 10-24-02 in this dispute.

This Decision is hereby issued this 26th day of April 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

June 16, 2003

MDR Tracking Number: M5-03-2127-01
IRO Certificate # 5259

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

Based on materials provided for review, this patient appears to have experienced a cut to his right wrist while breaking medical parts at work on ___. He appears to present that day to the ___ and receives approximately 10 stitches. No sensory or motor deficits are noted and no tendon laceration is documented. Patient appears to be discharge with full functional range of motion. The patient appears to have presented to chiropractor, ___, on 07/31/02. No reports of this evaluation are provided for review. MRI was apparently performed and found essentially normal. No additional medical evaluations are provided for review. Patient appears to undergo multiple sessions of passive then active physical therapy applications with ___ from 07/30/02 to 10/16/03. Available chiropractic reporting submitted for this review begins on 10/16/02. These reports suggest a working diagnosis of 881.22 tendon laceration. ___ notes suggest pain levels at 6 (6/10) from 10/16/02 to 11/07/02 and essentially unchanged. Patient appears to be seen at 3x per week for no specific duration with therapeutic activities and exercises at multiple levels. No passive therapies appear to be performed during this period except on 11/07/02 when joint mobilization is said to have been provided. There are no chiropractic notes or progress reports submitted beyond this date.

REQUESTED SERVICE (S)

Were office visits and therapy treatments rendered from 10/16/02-01-06-03 medically necessary?

DECISION

No. Office visits and therapy treatments rendered from 10/16/02 -01/06/03 were not medically necessary.

RATIONALE/BASIS FOR DECISION

Chiropractic documentation and other objective documentation do not support the working diagnosis of 881.22 tendon laceration. In addition, chiropractic notes and reports submitted do not encompass all dates of service in question, and available reporting is no sufficient to support level, frequency, and duration of care provided for these disorders. Medical necessity is not supported.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only n the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials. No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned claimant. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.