THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-3430.M5

MDR Tracing Number: M5-03-2200-01

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 May 05,2003. In accordance with Rule 133.307(d)(1) A dispute on a carrier shall be considered timely if it is filed with the division no later then one year after the dates of service in dispute therefore dates of service in dispute for April 24, 2002 through May 03, 2002 are considered untimely.

The IRO reviewed office visits with manipulations, therapeutic procedures, neuromuscular reeducation, electrical stimulation, and myofasical release rendered from May 6th, 7th, and May 13th through September 13, 2002 that 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 for office visits with manipulations, therapeutic procedures, neuromuscular reeducation, electrical stimulation, and myofasical release. 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 August 25, 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:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$ (Maximum Allowable Reimbursement)	Reference	Rationale
04-26-02	99213	$48.00	0.00	No EOB	$48.00	MFG E/M GR (I)(B)(1)(b)	Per Rule 133.307(g)(3) requestor did not submit SOAP notes to support delivery of service. No reimbursement recommended
	97112	$50.00	0.00		$35.00	MFG MGR (I)(11)(C)(2)	
	97110	$35.00	0.00		$35.00	MFG MGR (I)(A)(9)(b)	
TOTAL		$133.00					Reimbursement not recommended.

This Decision is hereby issued this 7th day of January 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

August 21, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5 03 2200 01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In

addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This patient was injured on his job when he fell from a light tower on___. He suffered an injury to his left knee, which eventually required arthroscopic surgery, and to his low back. MRI of the lumbar spine was negative for pathology. A peer review was performed by ___ which indicated that ongoing care was unnecessary due to the nature of the injury. A designated doctor's report was included in the records in which ___ found the patient not to be at MMI as of February 1, 2002 and recommended ongoing care at that point. The records indicate that the patient was untreated in the low back until February 1, 2002.

DISPUTED SERVICES

The carrier has denied the medical necessity of therapeutic procedures, neuromuscular reeducation, electrical stimulation, myofascial release and office visits on May 6, 2002, May 7, 2002 and May 13 2002 through September 13, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The records on this case show no progress nor any form of benefit to the patient from the use of the treatment by the treating provider. Records indicate that this was a sprain/strain injury that would generally not require ongoing treatment for extended periods. The care rendered in the early part of the treatment protocol neglected the low back, as the records indicate, but the care rendered was in excess of what one would expect for a treatment program that addressed a low back sprain/strain injury. The treatment does exceed accepted protocol, especially the Mercy Guidelines and the Texas Guidelines, because there is no documentation of complications to the treatment plan. As a result, the treatment rendered was unnecessary in this particular case.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,