

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, 133.307 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 22, 2003.

The IRO reviewed physical medicine procedures, office visits, work hardening program and FCE rendered from 8/12/02 through 12/30/02 that was 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. 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. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On October 24, 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	Reference	Rationale
9/16/02	99080	\$4.00	\$0.00	F, G	Rule 133.307 CPT code descriptor	The global rule concept is not applicable to CPT code 99080. However, the requestor did not submit relevant information to support delivery of service. Reimbursement is therefore, not recommended.
	A4558	\$18.00	\$0.00	G	Rule 133.307 <u>MFG, General Instructions Ground Rule (III) & (VI)</u> HCPCS code descriptor	The global rule concept is not applicable to DME code A4558. The requestor did not submit relevant information to support delivery of service. Reimbursement is therefore, not recommended.

9/26/02	95851	\$36.00	\$0.00	G	Rule 133.307 <u>MFG, Medicine</u> <u>Ground Rule (I)(E)(4)</u>	The global rule concept is not applicable to CPT code 95851. The requestor did not submit relevant information to support delivery of service. Reimbursement is therefore, not recommended.
TOTAL		\$58.00	\$0.00			The requestor is not entitled to reimbursement of the disputed charges.

This Decision is hereby issued this 30th day of January 2004.

Medical Dispute Resolution Officer
Medical Review Division

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 8/12/02 through 12/30/02 in this dispute.

This Order is hereby issued this 30th day of January 2004.

Medical Dispute Resolution
Medical Review Division

Enclosure: IRO Decision

NOTICE OF INDEPENDENT REVIEW DECISION

August 13, 2003

Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: Injured Worker:
MDR Tracking #: M5-03-2369-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional has signed a certification statement stating 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 the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury when a refrigerator shelf fell on her left foot and ankle on 07/10/02. She reported pain and intermittent numbness to her left ankle, foot, and toes. MRIs of the left foot and ankle dated 08/02/02 revealed no fractures, only effusions. Electromyography and nerve conduction velocity studies from 08/21/02 were normal.

Requested Service(s)

Physical medicine procedures with office visits for the following dates 08/12/02, 09/03/02, 09/04/02, 09/05/02, 09/09/02, 09/10/02, 09/11/02, 09/12/02, 09/16/02, 09/17/02, 09/18/02, 09/23/02, 09/24/02, 09/25/02, 09/26/02, 09/30/02, 10/01/02, 10/02/02, 10/03/02, 10/07/02, 12/16/02, 12/17/02, 12/18/02, 12/19/02, 12/20/02, 12/23/02, 12/24/02, 12/26/02, 12/27/02, and 12/30/02

Decision

It is determined that the physical medicine procedures with office visits for the following dates 08/12/02, 09/03/02, 09/04/02, 09/05/02, 09/09/02, 09/10/02, 09/11/02, 09/12/02, 09/16/02, 09/17/02, 09/18/02, 09/23/02, 09/24/02, 09/25/02, 09/26/02, 09/30/02, 10/01/02, 10/02/02, 10/03/02, 10/07/02, 12/16/02, 12/17/02, 12/18/02, 12/19/02, 12/20/02, 12/23/02, 12/24/02, 12/26/02, 12/27/02, and 12/30/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient began treatment with her chiropractor starting with passive exercises and then progressing to active. Due to ongoing problems, a referral for an MRI was made which revealed significant soft tissue damage and effusion, although no obvious fractures were found. Lower extremity electro-diagnostic studies revealed no significant neurological deficit. Active therapy was continued and limited progress was made. A referral to an orthopedic specialist led to a recommendation to continue therapy as well as starting injections. This was done and the patient progressed into a work hardening program. Once completed, she returned to full duty employment.

The records supply sufficient documentation on each visit regarding subjective symptoms, objective findings, assessment, and plan to warrant intensive treatment of her on the job injuries. Appropriate diagnostic testing and referrals were made in this case. In addition to conservative measures, medication and injections were also needed. All treatment rendered in this case falls within the current national guidelines with regard to treatment of the left foot and ankle injury. Therefore, it is determined that the physical medicine procedures with office visits for the following dates 08/12/02, 09/03/02, 09/04/02, 09/05/02, 09/09/02, 09/10/02, 09/11/02, 09/12/02, 09/16/02, 09/17/02, 09/18/02, 09/23/02, 09/24/02, 09/25/02, 09/26/02, 09/30/02, 10/01/02, 10/02/02, 10/03/02, 10/07/02, 12/16/02, 12/17/02, 12/18/02, 12/19/02, 12/20/02, 12/23/02, 12/24/02, 12/26/02, 12/27/02, and 12/30/02 were medically necessary.

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment