

MDR Tracking Number: M5-03-2406-01

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 29, 2003.

The IRO reviewed office visits, electrical stimulation, ultrasound therapy, and manual traction rendered from 07-18-02 through 09-19-02 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 office visits, electrical stimulation, ultrasound therapy, and manual traction after 08-28-02. Consequently, the requestor is not owed a refund of the paid IRO fee.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity for office visits, electrical stimulation, ultrasound therapy, and manual traction from 07-18-02 thru 08-28-02.

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 August 7, 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
07/22/02	99080	15.00	0.00	F	15.00	MFG, MGR CPT descriptor	SOAP notes do not confirm delivery of service. No reimbursement recommended.
07/23/02	99211	25.00	0.00	F	18.00	MFG, E/M GR (VI)(B)	SOAP notes do not confirm delivery of service. No

							reimbursement recommended.
07/24/02	99211	25.00	0.00	F	18.00	MFG, E/M GR (VI)(B)	SOAP notes do not confirm delivery of service. No reimbursement recommended.
07/31/02	99080	15.00	0.00	F	15.00	MFG, MGR CPT descriptor	SOAP notes do not confirm delivery of service. No reimbursement recommended.
08/05/02	99211	25.00	0.00	F	18.00	MFG, E/M GR (VI)(B)	SOAP notes do not confirm delivery of service. No reimbursement recommended.
09/19/02	99215	150.00	0.00	F	150.00	MFG, E/M GR (VI)(B)	SOAP notes do not confirm delivery of service. No reimbursement recommended.
TOTAL		\$255.00					The requestor is entitled to reimbursement of \$ 0.00

**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 dates of service 8-28-01 through 12-28-01 in this dispute.

This Decision is hereby issued this 5<sup>th</sup> day of January 2003.

Georgina Rodriguez  
 Medical Dispute Resolution Officer  
 Medical Review Division

July 25, 2003

Rosalinda Lopez  
 Texas Workers' Compensation Commission  
 Medical Dispute Resolution  
 Fax: (512) 804-4868

Re: MDR #: M5-03-2406-01  
 IRO Certificate No.: IRO 5055

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

**Clinical History:**

This female claimant injured her mid-back, low back, and left forearm in a work-related accident on \_\_\_\_. She was initially evaluated and prescribed medication and therapy, and was scheduled for follow-up. On 07/17/02 an examination was performed and an aggressive rehabilitation program was initiated.

The patient responded slowly. An MRI of the thoracic and lumbar spine revealed mild disc involvement. A needle EMG revealed lumbar radiculopathy.

Similar treatment continued, with re-examination on 08/28/02 that revealed continuation of ongoing problems. A kinetic activity/therapeutic exercise rehabilitative program was ordered. However, no documentation was found that indicated this rehab was performed. Only office visits and passive therapy continued.

**Disputed Services:**

Office visits, electrical stimulation, ultrasound therapy, and manual traction during the period of 07/18/02 through 09/19/02.

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that the services in question were reasonable and medically necessary for the period of 07/18/02 through 08/28/02. The other services rendered after 08/28/02 were not medically necessary in this case.

**Rationale:**

National treatment guidelines allow normally for a period of passive therapy that would progress into active therapy as soon as tolerable by the patient. These guidelines normally only allow two to four weeks of passive therapy. However, in this case, since there is documented disc involvement, as well as lumbar radiculopathy, additional passive care was warranted for a period of time.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,