

MDR Tracking Number: M5-03-2458-01

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 06-03-03.

The IRO reviewed function capacity evaluation, work hardening, office visits with manipulations rendered from 02-20-03 through 03-24-03 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 office visits with manipulations from 02-20-03 through 03-24-03.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity functional capacity evaluation and work hardening. 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 August 20, 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
02-11-03	97545WH	\$128.00	\$0.00	No EOB	\$128.00	MFG MGR (II)(C)&(E)	SOAP notes support delivery of service. Recommended reimbursement \$128.00
	97546WH	\$384.00	\$0.00		\$384.00		SOAP notes support delivery of service. Recommended reimbursement \$384.00

02-12-03	97545WH	\$128.00	\$0.00		\$128.00		SOAP notes support delivery of service. Recommended reimbursement \$128.00
	97546WH	\$384.00	\$0.00		\$384.00		SOAP notes support delivery of service. Recommended reimbursement \$384.00
	99361	\$53.00	\$0.00		\$53.00		MFG E/M GR (XVIII) (B)
02-13-03	97545WH	\$128.00	\$0.00		\$128.00	MFG MGR (II)(C)&(E)	SOAP notes support delivery of service. Recommended reimbursement \$128.00
	97546WH	\$384.00	\$0.00		\$384.00		SOAP notes support delivery of service. Recommended reimbursement \$384.00
02-14-03	97545WH	\$128.00	\$0.00		\$128.00		SOAP notes support delivery of service. Recommended reimbursement \$128.00
	97546WH	\$384.00	\$0.00		\$384.00		SOAP notes support delivery of service. Recommended reimbursement \$384.00
02-17-03	97545WH	\$128.00	\$0.00		\$128.00	MFG MGR (II)(C)&(E)	SOAP notes support delivery of service. Recommended reimbursement \$128.00
	97546WH	\$384.00	\$0.00		\$384.00		SOAP notes support delivery of service. Recommended reimbursement \$384.00
	99361	\$53.00	\$0.00		\$53.00		SOAP notes do not support delivery of service. No reimbursement recommended
02-18-03	97545WH	\$128.00	\$0.00		\$128.00		SOAP notes support delivery of service. Recommended reimbursement \$128.00
	97546WH	\$384.00	\$0.00		\$384.00		SOAP notes support delivery of service. Recommended reimbursement \$384.00

02-19-03	97545WH	\$128.00	\$0.00		\$128.00		SOAP notes support delivery of service. Recommended reimbursement \$128.00		
	97546WH	\$384.00	\$0.00		\$384.00		SOAP notes support delivery of service. Recommended reimbursement \$384.00		
02-20-03	97545WH	\$128.00	\$0.00		\$128.00		SOAP notes support delivery of service. Recommended reimbursement \$128.00		
	97546WH	\$256.00	\$0.00		\$256.00		SOAP notes support delivery of service. Recommended reimbursement \$256.00		
02-21-03	97545WH	\$128.00	\$0.00		\$128.00		SOAP notes support delivery of service. Recommended reimbursement \$128.00		
	97546WH	\$384.00	\$0.00		\$384.00		SOAP notes support delivery of service. Recommended reimbursement \$384.00		
02-24-03	97545WH	\$128.00	\$0.00		\$128.00		SOAP notes support delivery of service. Recommended reimbursement \$128.00		
	97546WH	\$384.00	\$0.00		\$384.00		SOAP notes support delivery of service. Recommended reimbursement \$384.00		
02-28-03	99080	\$5.50	\$0.00		N		DOP	MFG E/M GR (XVIII) (B)	SOAP notes do not support delivery of service. No reimbursement recommended
	97545WH	\$128.00	\$0.00		No EOB		\$128.00	MFG MGR (II)(C)&(E)	SOAP notes support delivery of service. Recommended reimbursement \$128.00
	97546WH	\$384.00	\$0.00				\$384.00		SOAP notes support delivery of service. Recommended reimbursement \$384.00
03-03-03	97545WH	\$128.00	\$0.00				\$128.00		SOAP notes support delivery of service. Recommended reimbursement \$128.00

	97546WH	\$384.00	\$0.00		\$384.00		SOAP notes support delivery of service. Recommended reimbursement \$384.00
03-05-03	97545WH	\$128.00	\$0.00		\$128.00		SOAP notes support delivery of service. Recommended reimbursement \$128.00
	97546WH	\$384.00	\$0.00		\$384.00		SOAP notes support delivery of service. Recommended reimbursement \$384.00
03-11-03	97546WH	\$384.00	\$0.00		\$384.00		SOAP notes support delivery of service. Recommended reimbursement \$384.00
	97545WH	\$128.00	\$0.00		\$128.00		SOAP notes support delivery of service. Recommended reimbursement \$128.00
03-13-03	97545WH	\$128.00	\$0.00		\$128.00		SOAP notes support delivery of service. Recommended reimbursement \$128.00
	97546WH	\$384.00	\$0.00		\$384.00		SOAP notes support delivery of service. Recommended reimbursement \$384.00
03-10-03	99361	\$53.00	\$0.00		\$53.00	MFG E/M GR (XVIII) (B)	SOAP notes do not support delivery of service. No reimbursement recommended
03-18-03	97545WH	\$128.00	\$0.00		\$128.00	MFG MGR (II)(C)&(E)	SOAP notes support delivery of service. Recommended reimbursement \$128.00
	97546WH	\$384.00	\$0.00		\$384.00		SOAP notes support delivery of service. Recommended reimbursement \$384.00
	99361	\$53.00	\$0.00		\$53.00	MFG E/M GR (XVIII) (B)	SOAP notes do not support delivery of service. No reimbursement recommended
03-19-03	97546WH	\$384.00	\$0.00		\$384.00	MFG MGR (II)(C)&(E)	SOAP notes support delivery of service. Recommended reimbursement \$384.00

	97545WH	\$128.00	\$0.00		\$128.00		SOAP notes support delivery of service. Recommended reimbursement \$128.00
TOTAL		\$8793.50					The requestor is entitled to reimbursement of \$ 4608.00

This Decision is hereby issued this 16th day of January 2004.

Georgina Rodriguez
 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 02-11-03 through 03-24-03 in this dispute.

This Order is hereby issued this 16th day of January 2004.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

August 13, 2003

**AMENDED LETTER
 NOTE: Decision**

MDR Tracking #: M5-03-2458-01
 IRO Certificate #: IRO4326

The ___ 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 ___ 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 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. ___ 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 ___ 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 was injured on ___ when he fell from a scaffold, hitting his head, right elbow, and low back. X-rays of the right elbow, skull, and lumbar spine were negative. He was started on chiropractic treatment, physical therapy, and analgesic, anti-inflammatory, and muscle relaxant medications.

Requested Service(s)

Functional capacity evaluation, work hardening, and office visits with manipulation on 02/20/03, 02/27/03, 03/04/03, 03/06/03-03/10/03, 03/12/03, 03/14/02-03/17/03, 03/20/03-03/24/03

Decision

It is determined that the functional capacity evaluation and work hardening from 02/20/03 through 03/24/03 were medically necessary to treat this patient's condition. However, the office visits with manipulation from 02/20/03 through 03/24/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The radiologist's interpretation of the lumbar MRI states the patient has posterior annular tears at multiple disc levels. In addition, the patient has cumulative effects due to his injuries. This patient sustained substantial soft tissue injuries that resulted in de-conditioning due to the patient's inability to retain employment. One cannot assume that this patient could be re-inserted into industry after remaining off work for a period of time greater than 10 weeks.

The provider's progression of treatment with this patient is appropriate and medically necessary with the exception of applied manipulative therapeutics. Application of manipulative therapeutics in a trial of upper level therapeutics like work hardening is not appropriate or medically necessary.

The patient went to an appointed designated doctor evaluation (DDE) on 03/06/03 and was found not to be at maximum medical improvement (MMI) during the examination; expected MMI was assigned on 06/06/03. At this point, the patient should have completed a course of treatment in a work hardening program, four to six weeks. Following the program termination, the patient must undergo functional baseline testing to determine if a return to industry with or without restrictions is now appropriate. If the functional baseline testing shows that continued deficits of function would prevent a safe return to industry then a referral to a chronic pain physician may be in order. Therefore, it is determined that the functional capacity evaluation and work hardening from 02/20/03 through 03/24/03 were medically necessary to treat this patient's condition. However, the office visits with manipulation from 02/20/03 through 03/24/03 were not medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer reviewed references:

- *Clinical practice guidelines for chronic, non-malignant pain syndrome patients II: An evidence-based approach.* J Back Musculoskeletal Rehabil 1999 Jan 1; 13; 47-58.

- Kankaanpaa M, Taimela S, Airaksinen O. *The efficacy of active rehabilitation in chronic low back pain. Effect on pain intensity, self-experienced disability, and lumbar fatigability.* Spine. 1999 May 15; 24(10): 1034-42.
- *Unremitting low back pain. In: North American Spine Society phase III clinical guidelines for multidisciplinary spine care specialists.* North American Spine Society (NASS); 2000. 96p.

Sincerely,