

MDR Tracking Number: M5-03-2508-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2003 and Commission Rule 133.305 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.

The Medical Review Division has reviewed the IRO decision and determined that the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare; therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 the only issue** to be resolved. The office visits on 7-30-02 and 1-7-03 were found to be medically necessary. The office visits from 7-3-02 through 12-17-02, required report on 7-30-02, myofascial release on 9-11-02 and 10-23-02, and DME on 9-18-02 and 9-25-02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 Order is applicable to dates of service 7-3-02 through 1-7-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 11th day of August 2003.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt

July 25, 2003

Re: Medical Dispute Resolution  
MDR #: M5-03-2508-01  
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 experienced a work-related injury on \_\_\_\_. As of 01/07/03, it was noted that she continued to suffer with cervical, thoracic, and lumbar spine pain, as well as right shoulder, elbow, forearm, and wrist pain, and occasionally left wrist and hand pain. All of these complaints are aggravated and exacerbated by her repetitive work activities.

**Disputed Services:**

Office visits, required reports, myofascial release, and form fit conductive garment during the period of 07/03/02 through 01/07/03.

**Decision and Rationale:**

The reviewer partially agrees with the determination of the insurance carrier as follows:

- Documentation does support the medical necessity of office visits on 07/30/02 (99214) and 01/07/03 (99213).
- Documentation does not support the medical necessity of office visits (99213) from 07/03/02 through 12/17/02.
- Documentation does not support the medical necessity of the report (99080-73) dated 07/30/02.
- Documentation does not support the medical necessity of myofascial releases (97250) on 09/11/02 and 10/23/02.
- No documentation provided to support the medical necessity of the elbow sleeve pad (L3700) on 09/18/02.
- No documentation provided to support the medical necessity of the form-fitting conductive garment (E0731) on 09/25/02.

This provider's office visit notes fail to meet generally accepted criteria for management of patients.

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,