

MDR Tracking Number: M5-03-2537-01

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. The dispute was received on 6-12-03.

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 with manipulations, two units of therapeutic activities (97530) and hot/cold packs (99070) from 6-13-02 through 8-15-02 were found to be medically necessary. The joint mobilization, therapeutic activities (97530) in excess of two units per visit, myofascial release, manual traction, neuromuscular re-education, neuromuscular stimulator, and pads were not found to be medically necessary. The requestor withdrew the fee component (medical reports on 6-24-02 and 8-5-02). The respondent raised no other reasons for denying reimbursement for these services charges.

The above Findings and Decision are hereby issued this 22<sup>nd</sup> day of August 2003.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

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 6-13-02 through 8-15-02 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 22<sup>nd</sup> day of August 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

**REVISED 8/13/03**

July 29, 2003

IRO Certificate# 5259

MDR Tracking Number: M5-03-2537-01

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_.

CLINICAL HISTORY

Patient diagnosed with CTS after injury on \_\_\_\_. Treatment to date has included physical medicine and two surgeries.

REQUESTED SERVICE (S)

Physical medicine procedures and office visits; dates of service 6/13/02 to 8/15/02

DECISION

Office visits from June 13, 2002 to August 15, 2002 are approved with disapproval for certain procedures during those dates of service.

RATIONALE/BASIS FOR DECISION

Supporting documentation indicates the following treatments were medically necessary from June 13, 2002 to August 15, 2002:

Manipulation (99213)  
2 Units of Therapeutic Activities (97530)  
Ice/Heat (99070)

All other procedures during these dates are disapproved including joint mobilization (97265) since the procedure is a component of the code used for manipulation (99213); therapeutic activity units (97530) in excess of 2 units per visit since there is no

documentation (e.g. time beginning, time ending) that this length of time was expended; myofascial release (97250), manual traction (97122), neuromuscular re-education (97112), neuromuscular stimulator (E0745) and pads (E1399) since there is inadequate documentation to support the medical necessity of these procedures.