MDR Tracking Number: M5-03-2542-01

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 06-06-03.

The IRO reviewed office visits with and without manipulations, myofascial release, ultrasound, hot or cold packs, electrical stimulation, psychotherapy, echo exams, confirmatory consultation, therapeutic exercises, and physical performance test rendered from 08-26-02 to 11-20-02 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 for office visits with and without manipulations, myofascial release, ultrasound, hot or cold packs, electrical stimulation, psychotherapy, echo exams, confirmatory consultation, therapeutic exercises.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for functional capacity evaluation. 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 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. Neither party provided copies of initial EOBs to determine denial rational. Therefore, services denied as "D" duplicate billing will be reviewed per the MFG.

On December 1,2003, 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
08/23/02	72050	90.00	0.00	D	81.00	MFG R/N MGR (I)(C)	SOAP notes support services were rendered as billed. Reimbursement recommended $81.00
08/23/02	99070* 2 units	24.00	0.00	D	12.00 per unit = 24.00	MFG GI (III) (A)(1)	SOAP note does not support delivery of service. No

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$ (Maximum Allowable Reimbursement)	Reference	Rationale
							reimbursement
08/23/02	99070	75.00	0.00	D	DOP	MFG,DME GR (X) (C)	SOAP note does not support delivery of service. No reimbursement
08/23/02	99070	12.00	0.00	D	DOP	MFG, GI (IV), MFG GI (III) (A)(1)	SOAP notes do not support delivery of service. No reimbursement
08/23/02	99204	125.00	0.00	D	106.00	MFG E/M MGR (VI)(A)	SOAP notes support services were rendered as billed. Reimbursement recommended $106.00
08/27/02	95904 10units	640.00	0.00	D	$64 per unit= $640	MFG, MGR CPT descriptor	SOAP notes support services were rendered as billed. Reimbursement recommended $640.00
08/27/02	95935	530.00	0.00	D	212.00	MFG MGR (IV)(B)	SOAP notes support services were rendered as billed. Reimbursement recommended $53.00
08/27/02	99242	90.00	0.00	D	90.00	MFG, E/M, MGR (IX)(D)(1)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $90.00
08/27/02	99090	108.00	0.00	D	108.00	MFG, MGR CPT descriptor	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $108.00
08/27/02	93740	252.00	0.00	D	84.00	MFG, MGR (D)(3)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $84.00
08/27/02	A4556	80.00	0.00	D	DOP-	MFG GI (III) (A)(1)	SOAP note does not support delivery of service. No reimbursement
08/27/02	95900 10units	640.00	0.00	D	64 per unit =$640.00	MFG, MGR (IV) (D)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $640.00

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$ (Maximum Allowable Reimbursement)	Reference	Rationale
10/02/02	97010	30.00	0.00	D	11.00	MFG, MGR (I)(10)(a)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $11.00
10/02/02	97014	30.00	0.00	D	15.00	MFG, MGR (I)(10)(a)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $15.00
10/02/02	97035	30.00	0.00	D	22.00	MFG, MGR (I)(a)(iii)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $22.00
10/02/02	99213	48.00	0.00	D	48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $48.00
10/14/02	97250	43.00	0.00	No EOB	43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $43.00
10/14/02	99213	48.00	0.00	No EOB	48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $48.00
10/14/02	97012	30.00	0.00	No EOB	20.00	MFG, MGR (I)(10)(a)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $20.00
10/18/02	98941	42.00	0.00	No EOB	32.00	Not valid Code	Not recognized in 96 medical fee guideline and can't be reviewed. No reimbursement
10/21/02	97012	30.00	0.00	No EOB	20.00	MFG, MGR (I)(10)(a)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $20.00
10/21/02	99213	48.00	0.00	No EOB	48.00	MFG E/M MGR	SOAP notes support services

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$ (Maximum Allowable Reimbursement)	Reference	Rationale
				EOB		MGR (VI)(B.)	were rendered as billed. Reimbursement recommended in the amount of $48.00
01/24/03	99241	90.00	32.00	F	$31.00	MFG, E/M MGR (IX)(D)(1)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of ($63.00 – 32.00 previously pd =$31.00)
01/24/03	99090	108.00	0.00	F	108.00	MFG, MGR CPT descriptor	EOB does not identify which service 99090 is global to. SOAP notes support delivery of service. Reimbursement recommended in the amount of $ 108.00
02/03/03	99213	48.00	0.00	No EOB	48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $48.00
02/07/03	97250	43.00	0.00	No EOB	43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $43.00
02/07/03	99213	48.00	0.00	No EOB	48.00	MFG, E/M, MGR(VI)(B.)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $48.00
02/12/03	97035	30.00	0.00	No EOB	22.00	MFG, MGR (I)(a)(iii)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $22.00
02/12/03	97032	70.00	0.00	No EOB	44.00	MFG, MGR (I)(a)(iii)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of $22.00
04/02/03	99213	48.00	0.00	No EOB	48.00	MFG, E/M, MGR (VI)(B.)	SOAP notes support services were rendered as billed. Reimbursement

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$ (Maximum Allowable Reimbursement)	Reference	Rationale
							recommended in the amount of $48.00
TOTAL		$3530.00					The requestor is entitled to reimbursement of **$** 2447.00

This Decision is hereby issued this 19th day of December 2003.

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 8-23-02 through 04-02-03 in this dispute.

This Order is hereby issued this 19th day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

November 24, 2003

Re: IRO Case # M5-03-2542

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to

determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History
The patient is a 29-year-old male who on ___ sustained multiple trauma and injuries when he fell 250 feet. He was taken to the ER and underwent surgery that day, including exploration to find a liver laceration, elbow reconstruction and hip reconstruction. The patient began chiropractic treatment in August 2002. This continued for six months through April 2003. Treatment included chiropractic manipulation, passive modalities and numerous sonograms. Nerve conduction studies reported multiple abnormalities. A functional capacity evaluation on 11/7/02 indicated that the patient was able to work without restriction.

Requested Service(s)
Office visit with and without manipulation, myofascial release, ultrasound, hot/cod packs, electrical stimulation, psychotherapy, echo exams, confirmatory consultation, therapeutic exercises, functional capacity evaluation. Selected treatments 8/26/02-9/20/02

Decision
I disagree with the carrier's decision to deny the requested functional capacity evaluation 11/7/02.
I agree with the decision to deny the rest of the requested treatment.

Rational
Dates of service 8/26/02, 9/26/02 and 10/28/02 involved diagnostic testing. No documentation was provided for this review explaining the medical necessity of these diagnostic tests, why they were ordered, or how the results impacted treatment.
No documentation was provided of a psychotherapy session on 9/10/02, or of the medical necessity for this session.
Dates of service 9/20/02, 9/23/02, 11/4/02, 11/8/02, 11/13/02,11/15/02, 11/20/02 included chiropractic treatments, myofascial release, hot/cold packs, electrical stimulation and ultrasound. Continued passive modalities in isolation would not be medically necessary four months after injury.

No documentation was provided for this review regarding any active physical therapy treatment program. No documentation was provided showing improvement of symptoms with passive modalities, and no documentation of a treatment plan was provided for this review. Furthermore, the FCE on 11/7/02 revealed that the patient was able to return to work without restriction. The patient was also determined to be at MMI on that date, and after that evaluation the medical necessity of further treatment was not documented. The FCE on 11/7/02 was necessary to determine the patient's return-to-work abilities. Apparently, he demonstrated the ability to return to work on that date, and was returned without restriction.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.