MDR Tracking Number: M5-03-2612-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 6-13-03.

The IRO reviewed office visits w/manipulations, ultrasound, physical medicine treatment, and myofascial release rendered 7-18-02 through 7-25-02 and 8-5-02 through 9-12-02.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. 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.

On 8-26-03, 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$ (Max. Allowable Reimbursement)	Reference	Rationale
7-18-02	99213MP	48.00	0.00	F, D	48.00	96 MFG Med GR I B 1 b	Relevant documentation was not submitted to support services rendered. No reimbursement recommended.
7-29-02 7-30-02 8-1-02	99213MP 97250 97010 97012 97014	48.00x 3 43.00x 2 11.00 20.00 15.00	0.00 0.00	No EOB	48.00 43.00 11.00 20.00 15.00	96 MFG Med GR I B 1 b and I A 10 a	
TOTAL		324.00					The requestor is not entitled to reimbursement.

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

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

REVISED 8/21/03

August 18, 2003

MDR Tracking Number: M5-03-2612-01
IRO Certificate# 5259

An independent review of the above-referenced case has been completed by a medical physician [board certified] in physical medicine and rehabilitation. 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
This is a gentleman who is an ___ driver who reportedly was in his vehicle that was struck by another vehicle. He continued to work and was initially treated two days later (o/a ___). His primary treating physician prescribed medications and physical therapy. He responded as expected, did well in physical therapy. By May 30 the primary treating physician indicated that he could return to work without restrictions. By mid June he had completed physical therapy, the radiographs were essentially negative and there were some residual complaints of pain. An orthopedic evaluation was completed and no specific pathology was noted on physical examination, plain films or MRI imaging. There was a full range of motion. On July 1 there was a referral to a chiropractor. The initial chiropractic evaluation noted no positive encroachment, a FULL range of motion and a normal neurological evaluation. Initial plan was chiropractic mobilization three times a week for three weeks. The pain level reached a 1 on a scale of 1-10 on August 1, 2002. A chiropractic peer review determined that the initial evaluation and treatment was warranted but that no treatment beyond July 17 was indicated. After the assessment, there are notes that indicate that the pain scale was not 1(as noted on many occasions).

REQUESTED SERVICE (S)

A. Office visits
B. Ultrasound therapy
C. Physical medicine Treatment
D. Myofascial release

DECISION

Uphold Denial.

RATIONALE/BASIS FOR DECISION

This is a gentleman who sustained a simple myofascial strain injury. This was appropriately treated with medications, rest, physical therapy, and altered duty status. Imaging studies noted no acute changes, only some degenerative processes. The chiropractic evaluation did not identify any pathology not already noted and the treatments (with the exception of some manipulation) had already been done. When asked the injured worker noted that his pain had all but resolved; the physical examination noted a full range of motion and the primary treating physician had cleared him to return to work. Based on the pr provided by the requestor, his chiropractic treatment plan achieved its goals by July 17 by any measurable parameter requested. Simply because one has an ability to complete the treatment plan. This claimant resolved his complaint and did not have nay positive physical findings to support additional chiropractic care. After the telephone conference with the reviewing provider, the complaints changed and the explanation that the injured worker did not understand the scale were brought up. If the requesting provider felt that the claimant did not understand the scale system, why would he put such information in his notes without an explanation? What is clear is that there was an injury, the claimant did well with traditional medicine approach, there was no orthopedic surgical lesion and the claimant in his won words got better. Once that level was achieved, there was no requirement for additional care.