

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-7661.M5

MDR Tracking Number: M5-03-2741-01

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, 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 6-30-03.

The IRO reviewed office visits w/manipulations, myofascial release, mechanical traction, and physical performance test rendered from 7-29-02 through 3-5-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. The disputed dates of service 6-10-02 through 6-27-02 are untimely and not reviewable per TWCC Rule 133.307 (d)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the dates of service in dispute. The Commission received the medical dispute on 6-30-03.

On 10-21-03, the Medical Review Division submitted a Notice to the 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.

Per Rule 133.308(g)(8), the carrier is required to provide any missing information required such as notices of adverse determinations of prospective or retrospective medical necessity (EOBs) not provided by the requestor. The carrier's initial response to the medical dispute did not include the missing EOBs; therefore, the services with no EOBs provided by either party will be reviewed per the 1996 *Medical Fee Guideline*.

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
7-1-02 7-3-02 7-8-02 7-10-02 7-11-02 7-16-02 7-17-02 7-18-02	99213- MP 97250 97012	\$48.00 x 8 days \$43.00 x 8 days \$20.00 x 8 days	\$0.00	T	\$48.00 \$43.00 \$20.00	Rule 133.307(g) (3) (A-F)	The treatment guidelines were abolished by rule effective 1-1-02; therefore these services will be reviewed per the 1996 <i>Medical Fee Guideline</i> . Recommend reimbursement of \$48.00, \$43.00, \$20.00 = \$111.00 x 8 days = \$888.00.
7-22-02 7-24-02 7-25-02 9-18-02	99213- MP 97012 97250	\$48.00 x 4 days \$43.00 x 4 days \$20.00 x 4 days	\$0.00	N	\$48.00 \$20.00 \$43.00	Rule 133.307(g) (3) (A-F)	Relevant information supports documentation criteria. Recommend reimbursement of \$48.00, \$43.00, \$20.00 = \$111.00 4 days = \$444.00.
8-5-02 8-7-02 8-8-02 8-19-02 8-21-02 8-22-02 9-9-02 9-12-02 9-26-02 9-30-02 10-2-02 10-7-02	99213- MP 97012 97250	\$48.00 x 11 days \$43.00 x 11 days \$20.00 x 11 days	\$0.00	No EOB	\$48.00 \$20.00 \$43.00	Rule 133.307(g) (3) (A-F)	Per the 1996 <i>Medical Fee Guideline</i> , recommend reimbursement of \$48.00, \$43.00, \$20.00 = \$111.00 x 11 days = \$1,221.00.
10/24/0 2	97750- 26 (3 units)	150.00	\$0.00	T	\$43.00 x 30% for -26 modifier	Rule 133.307(g) (3) (A-F)	The treatment guidelines were abolished by rule effective 1-1-02; therefore this service will be reviewed per the 1996 <i>Medical Fee Guideline</i> . Recommend reimbursement of \$43.00 x 3 = \$129.00 x 30% =

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
							\$38.70.
TOTAL							The requestor is entitled to reimbursement of \$2,591.70.

The above Findings and Decision are hereby issued this 25th day of June 2004.

Dee Z. Torres
 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 Order is applicable for dates of service 7-1-02 through 10-24-02 in this dispute.

This Order is hereby issued this 25th day of June 2004.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

October 9, 2003

MDR #: M5-03-2741-01
 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 patient injured her neck and left shoulder on the job on ____. She was treated for over two years with a variety of conservative care that included chiropractic

modalities, exercise rehabilitation, medications, and work hardening. She was given an impairment rating of 8% on 09/18/02, which is the statutory date.

Disputed Services:

Office visits with manipulation, myofascial release, mechanical traction, physical performance test, for dates of service in dispute 07/29/02 through 08/01/02, 08/12/02 through 08/15/02, 08/26/02 through 09/06/02, 09/16/02, 09/19/02 through 09/25/02, 10/03/02, 12/03/02 through 12/16/02, 01/06/03 through 01/15/03, 02/06/03 through 03/05/03.

Decision:

The reviewer agrees with the determination of the insurance carrier. The services in question were not medically necessary in this case.

Rationale:

The patient received extensive conservative care. The dates of service in question began almost ___ post accident. Case management as detailed in Mootz Care Plans and Mercy Guidelines indicate that reductions in care are appropriate over the course of treatment. There is a natural history to musculoskeletal injuries that would render continued passive care ineffective. The chronicity of symptoms can be aggravated by over-investigation and over-treatment. Treatment guidelines seek to avoid over-utilization of treatment to avoid illness conviction, disability mindset, and chronicity of the complaints of pain.

The patient's pain scale in July 2002 was consistently self-reported as her perceived pain to be from a 2 down to a 0. Given the weight of the evidence, in light of the accepted standards of care, additional treatment was not medically necessary for the dates in question.

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,