

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

SOAH DOCKET NO. 453-04-4401.M5

MDR Tracking Number: M5-03-2759-01

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 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 June 30, 2003.

The IRO reviewed office visits with manipulations, hot or cold packs, myofascial release, joint mobilization, range of motion measurements, manual tractions, electrical stimulation, foot insert, neuromuscular stimulator, miscellaneous supplies, DME, therapeutic activities, functional capacity evaluation, physician phone consultation, additional manipulations, x-rays of the cervical and thoracic spine rendered on 7/29/02 through 5/30/03 denied based on "U".

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.

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 September 3, 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	MARS	Reference	Rationale
7/30/02	97265	\$45.00	\$0.00	F	\$43.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(C)(3)</u>	The requestor did not submit relevant information to support delivery of service. Reimbursement is therefore not recommended.
7/30/02	97530	\$50.00	\$0.00	No EOB	\$35.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(11)(b)</u>	Review of the SOAP note dated 7/30/02 supports delivery of service. Reimbursement is recommended in the amount of \$35.00.
8/19/02	99213	\$65.00	\$24.00	S	\$48.00	<u>MFG, Evaluation/ Management</u>	Review of the "Progress Chart Record" dated

						<u>Ground Rule (VI)(B)</u>	8/19/02 supports delivery of service. Additional reimbursement is recommended in the amount of \$24.00.
8/19/02	95851 3 units	\$225.00	\$64.50	F	\$36.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(E)(4)</u>	Review of the "Range of Motion Exam" report supports delivery of service. Additional reimbursement is recommended in the amount of \$43.50.
	97250	\$90.00	\$63.50	F	\$43.00/unit	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(C)(3)</u>	Review of the "Progress Chart/Daily Record" note dated 8/19/02 supports delivery of service. Additional reimbursement is recommended in the amount of \$22.50.
	95851	\$150.00	\$0.00	F	\$36.00/unit	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(E)(4)</u>	Review of the "Range of Motion Exam" report does not support additional reimbursement of the range of motion testing.
8/26/02	97250	\$45.00	\$0.00	No EOB	\$43.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(C)(3)</u>	Review of the "Progress Chart/Daily Record" note dated 8/26/02 supports delivery of service, reimbursement is recommended in the amount of \$43.00.
	97112	\$35.00	\$0.00	No EOB	\$35.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(A)(9)(b), (I)(A)(10)(a)</u>	Review of the SOAP note supports delivery of service. Reimbursement is recommended in the amount of \$35.00.
	97530	\$50.00	\$0.00	No EOB	\$35.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(11)(b)</u>	Review of the SOAP note dated 8/26/02 supports delivery of service. Reimbursement is recommended in the amount of \$35.00.
9/17/02	97265	\$45.00	\$0.00	F	\$43.00	Rule 133.307 (g)(3)	Review of the "Progress

						<u>MFG, Medicine Ground Rule (I)(C)(3)</u>	Chart/Daily Record” and “SOAP” note does not support delivery of service. Reimbursement is not recommended.
	95851	\$150.00	\$0.00	F	\$36.00/unit	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(E)(4)</u>	Review of the “Range of Motion Exam” report supports delivery of service. Reimbursement is recommended in the amount of \$108.00.
10/14/02	E0745	\$295.00	\$0.00	See EOB rationale	DOP	Rule 133.307 (g)(3) HCPCS code descriptor	Review of the “Progress Chart/Daily Record” and “SOAP” note does not support delivery of service. Reimbursement is not recommended.
10/18/02	99215-MP	\$150.00	\$0.00	N	\$103.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(B)(2)(a)</u>	Review of the “Comprehensive Examination” report dated 10/18/02 meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$103.00.
	64550	\$50.00	\$0.00	F	\$30.00	Rule 133.307 (g)(3) CPT code descriptor	Review of the “Comprehensive Examination”, “SOAP”, “Progress Chart/Daily Record” note and range of motion testing report, does not support delivery of service. Reimbursement is not recommended.
11/6/02	E0745	\$295.00	\$135.00	C	DOP	Section 413.016	Both the requestor and

	E1399	\$80.00	\$72.00	C	DOP	Rule 133.307 (g)(3) HCPCS code descriptor	respondent failed to submit relevant information to support and/or challenge the denial of "C", therefore, it could not be determined if a contract exists between the requestor and respondent. Reimbursement is therefore not recommended.
12/3/02	E0745-RR	\$295.00	\$0.00	No denial code listed on EOB	DOP	Rule 133.307 (g)(3) HCPCS code descriptor Rule 133.304 (c)	Review of the script submitted by ____, supports delivery of service. Reimbursement is recommended in the amount of \$295.00.
	E1399-RR	\$80.00	\$0.00	N	DOP	Rule 133.307 (g)(3) HCPCS code descriptor	Review of the script submitted by ____, meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$80.00.
12/4/02	99215-MP	\$150.00	\$0.00	No EOB	\$103.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(B)(2)(a)</u>	Review of the SOAP note dated 12/4/02 supports delivery of service. Reimbursement is recommended in the amount of \$103.00.
	97265	\$45.00	\$0.00	No EOB	\$43.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(C)(3)</u>	Review of the "Progress Chart/Daily Record" supports delivery of service. Reimbursement is recommended in the amount of \$43.00.
12/4/02	97250	\$45.00	\$0.00	No EOB	\$43.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(C)(3)</u>	Review of the SOAP note supports delivery of service. Reimbursement is recommended in the amount of \$43.00.
	97112	\$35.00	\$0.00	No EOB	\$35.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(A)(9)(b),</u>	Review of the "Progress Chart/Daily Record" "SOAP" note does not support delivery of service. Reimbursement

						(I)(A)(10)(a)	is therefore not recommended.
	99070	\$50.00	\$0.00	No EOB	\$50.00	Rule 133.307 (g)(3) <u>MFG, General Instructions Ground Rule (IV)</u>	Review of the “Progress Chart/Daily Record” and “SOAP” note does not support delivery of service. Reimbursement is therefore not recommended.
	97530	\$50.00	\$0.00	No EOB	\$35.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(11)(b)</u>	Review of the SOAP note dated 12/4/02 supports delivery of service. Reimbursement is recommended in the amount of \$35.00.
1/3/03	99213-MP	\$65.00	\$43.20	C	\$48.00	Section 413.016 Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(B)(1)(b)</u>	Both the requestor and respondent failed to submit relevant information to support and/or challenge the denial of “C”, therefore, it could not be determined if a contract exists between the requestor and respondent. Reimbursement is therefore not recommended.
	99372	\$50.00	\$0.00	F	\$21.00	Rule 133.307 (g)(3) <u>MFG, Evaluation/ Management Ground Rule (XVIII)(C)</u>	Review of the SOAP note does not support delivery of service. Reimbursement is therefore not recommended.
1/15/03	99215-MP	\$150.00	\$0.00	N	\$103.00	<u>MFG, Medicine Ground Rule (I)(B)(2)(a)</u>	Review of the “Comprehensive Examination” meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is therefore recommended in the amount of \$103.00.

1/17/03	99213-MP	\$65.00	\$43.20	C	\$48.00	Section 413.016 Rule 133.307 (g)(3) <u>MFG, Medicine</u> <u>Ground Rule</u> <u>(I)(B)(1)(b)</u>	Both the requestor and respondent failed to submit relevant information to support and/or challenge the denial of "C", therefore, it could not be determined if a contract exists between the requestor and respondent. Reimbursement is therefore not recommended.
	72050-WP 72072-WP	\$81.00 \$132.00	\$72.90 \$59.40	C C	\$81.00 \$66.00	Section 413.016 Rule 133.307 (g)(3) <u>MFG, Radiology/</u> <u>Nuclear Medicine</u> <u>Ground Rule</u> <u>(I)(A)(2)</u>	
1/23/03	95925	\$420.00	\$122.50	F	\$175.00	Rule 133.307 (g)(3)	The requestor did not submit relevant information to support delivery of service. Reimbursement, is therefore, not recommended.
	95925	\$420.00	\$122.50	F	\$175.00	CPT code descriptor	
	95935	\$40.00	\$37.10	F	\$53.00	Rule 133.307 (g)(3)	
	95935	\$40.00	\$37.10	F	\$53.00	<u>MFG, Medicine</u> <u>Ground Rule</u> <u>(IV)(B)(2)</u>	
	76536-27	\$118.00	\$0.00	No EOB	\$67.00	Rule 133.307 (g)(3)	
	76800-27	\$154.00	\$0.00	No EOB	\$101.00	<u>MFG, Radiology/</u> <u>Nuclear Medicine</u> <u>Ground Rule</u> <u>(I)(A)(4)</u>	
	76856-27	\$118.00	\$0.00	No EOB	\$84.00		
	76880-27	\$200.00	\$0.00	No EOB	\$76.00		
	76880-27	\$200.00	\$0.00	No EOB	\$76.00		
2/12/03	99215	\$150.00	\$0.00	N	\$103.00	<u>MFG, Evaluation/</u> <u>Management</u> <u>Ground Rule</u> <u>(VI)(B)</u>	Review of the "Comprehensive Examination" report, dated 2/12/03 meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$103.00.
	97112	\$35.00	\$0.00	F	\$35.00	Rule 133.307 (g)(3) <u>MFG, Medicine</u> <u>Ground Rule</u> <u>(I)(A)(9)(b),</u> <u>(I)(A)(10)(a)</u>	Review of the "Comprehensive Examination" report, dated 2/12/03 supports delivery of service. Reimbursement is

							recommended in the amount of \$35.00.
	97530	\$50.00	\$0.00	No EOB	\$35.00	Rule 133.307 (g)(3) <u>MFG, Medicine</u> <u>Ground Rule</u> (I)(A)(9)(c), (I)(A)(11)(b)	Review of the "SOAP" and "Comprehensive Examination" report, dated 2/12/03 supports delivery of service. Reimbursement is recommended in the amount of \$35.00.
5/14/03	99372	\$50.00	\$0.00	No EOB	\$21.00	Rule 133.307 (g)(3) <u>MFG, Evaluation/</u> <u>Management</u> <u>Ground Rule</u> (XVIII)(C)	Review of the "Progress Chart/ Daily Record" dated 5/14/03 supports delivery of service. Reimbursement is recommended in the amount of \$21.00.
5/30/03	99213	\$65.00	\$0.00	No EOB	\$48.00	Rule 133.307 (g)(3) <u>MFG, Evaluation/</u> <u>Management</u> <u>Ground Rule</u> (VI)(B)	Review of the "Progress Chart/ Daily Record" dated 5/30/03 supports delivery of service. Reimbursement is recommended in the amount of \$48.00.
TOTAL			\$0.00				The requestor is entitled to reimbursement of \$1,393.00.

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 7/30/02 through 5/30/03 in this dispute.

This Order is hereby issued this 16th day of February 2004.

Margaret Q. Ojeda
 Medical Dispute Resolution Officer
 Medical Review Division

MQO/mqo

August 28, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-2759-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 47 year-old female who sustained a work related injury on ___. The patient reported that while at work, she was attempting to stop a rack of doughnuts from falling when she slipped on another doughnut that was on the floor, causing her to fall and hit her head and back. The patient reported that she was evaluated in the emergency room after the fall due to headaches. The patient has undergone an MRI on 4/27/01 that showed a 3mm disc protrusion at the L5-S1 level and a CT scan of the head on 4/10/01. The patient also underwent an MRI of the brain on 8/21/01 and 9/11/01. The diagnoses for this patient included closed head injury with postconcussion syndrome, posttraumatic cervical radicular syndrome and posttraumatic lumbar radicular syndrome. The patient has also undergone an ophthalmology consultation on 8/9/01. The patient has been treated with physical therapy, TENS unit, and chiropractic care.

Requested Services

Office visits with manipulations, hot or cold packs, myofascial release, joint mobilization, range of motion measurements, manual tractions, electrical stimulation, foot insert, neuromuscular stimulator, miscellaneous supplies, DME, therapeutic activities, functional capacity examination, physician phone consultation, additional manipulations, X-Rays of the cervical and thoracic spine from 7/29/02 through 5/30/03.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 47 year-old female who sustained a work related injury to her head and back on ____. The ___ chiropractor reviewer also noted that the diagnoses for this patient included closed head injury with postconcussion syndrome, posttraumatic cervical radicular syndrome and posttraumatic lumbar radicular syndrome. The ___ chiropractor reviewer further noted that the patient has been treated with chiropractic care that included manipulations, joint mobilization, manual tractions, a TENS unit and physical therapy. The ___ chiropractor reviewer explained that the documentation provided did not demonstrate that the patient needed continued chiropractic care 1 ½ years post injury date. Therefore, the ___ chiropractor consultant concluded that the office visits with manipulations, hot or cold packs, myofascial release, joint mobilization, range of motion measurements, manual tractions, electrical stimulation, foot insert, neuromuscular stimulator, miscellaneous supplies, DME, therapeutic activities, functional capacity examination, physician phone consultation, additional manipulations, X-Rays of the cervical and thoracic spine from 7/29/02 through 5/30/03 were not medically necessary to treat this patient's condition.

Sincerely,