

MDR Tracking Number: M5-03-2801-01

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. Per Rule 133.308 (e)(1), dates of service rendered on 5/1/02 through 6/28/02 were filed untimely and are not eligible for review

The IRO reviewed office visits with manipulations, mechanical traction, electrical stimulation, massage therapy, hot or cold packs rendered on 7/1/02 thru 7/24/02, 7/31/02 thru 9/16/02, 9/26/02, 10/10/02 thru 1/10/03, 1/15/03 thru 1/30/03, 2/6/03 thru 3/10/03, 4/17/03 thru 4/25/03 denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Consequently, the requestor is not owed a refund of the paid IRO fee.

The office visits with manipulations, mechanical traction, electrical stimulation, massage therapy, hot or cold packs rendered on 7/1/02 thru 7/24/02 were found to be medically necessary.

The office visits with manipulations, mechanical traction, electrical stimulation, massage therapy, hot or cold packs rendered on 7/31/02 thru 9/16/02, 9/26/02, 10/10/02 thru 1/10/03, 1/15/03 thru 1/30/03, 2/6/03 thru 3/10/03, 4/17/03 thru 4/25/03 were not found to be medically necessary.

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 16, 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.

Both the requestor and the respondent failed to submit copies of EOBs, therefore the disputed charges will be reviewed according to the Medical Fee Guideline.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	Reference	Rationale
7/29/02	99213-MP	\$50.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(B)(1)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
	97261	\$10.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.

	97124	\$30.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(A)(9)(b), (I)(A)(10)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
7/30/02	99213-MP	\$50.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(B)(1)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
	97261	\$10.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
	97012	\$20.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
9/20/02	99213-MP	\$50.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(B)(1)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
	97261	\$10.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
9/23/02	99213-MP	\$50.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(B)(1)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
	97261	\$10.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
10/2/02	99213-MP	\$50.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(B)(1)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
	97261	\$10.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
10/3/02	99213-MP	\$50.00	\$0.00	No EOB	<u>MFG, Medicine</u>	The requestor did not submit relevant information to support delivery of

					<u>Ground Rule (I)(B)(1)(a)</u>	service; therefore the requestor is not entitled to reimbursement of the disputed charge.
	97261	\$10.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
10/4/02	99213-MP	\$50.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(B)(1)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
	97261	\$10.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
10/7/02	99213-MP	\$50.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(B)(1)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
	97261	\$10.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
10/7/02	99213-MP	\$50.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(B)(1)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
	97261	\$10.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
10/7/02	99213-MP	\$50.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(B)(1)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
	97261	\$10.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
	97124	\$30.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(A)(9)(b), (I)(A)(10)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
1/10/03	97261	\$10.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
2/4/03	99213-MP	\$50.00	\$0.00	F	<u>MFG, Medicine</u>	The requestor did not submit relevant information to support delivery of

					<u>Ground Rule (I)(B)(1)(a)</u>	service; therefore the requestor is not entitled to reimbursement of the disputed charge.
3/19/03	99213-MP	\$50.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(B)(1)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
3/26/03	99213-MP	\$50.00	\$0.00	No EOB	<u>MFG, Medicine Ground Rule (I)(B)(1)(a)</u>	The requestor did not submit relevant information to support delivery of service; therefore the requestor is not entitled to reimbursement of the disputed charge.
TOTAL		\$780.00	\$0.00			The requestor is not entitled to reimbursement of the disputed charges.

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 7/1/02 through 7/24/02 in this dispute.

This Order is hereby issued this 5th day of February 2004.

Margaret Q. Ojeda
 Medical Dispute Resolution Officer
 Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Letter
Note: Rationale/Basis for Decision

September 10, 2003

Rosalinda Lopez
 Program Administrator
 Medical Review Division
 Texas Workers Compensation Commission
 4000 South IH-35, MS 48
 Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-2801-01
 IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties

referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient was working as a forklift operator when he lifted a box of canned goods on ___, and noted a sharp pain in his left shoulder and neck which radiated into his left arm. He saw a chiropractor for treatment and therapy.

Requested Service(s)

Office visits with manipulation, manipulations, mechanical traction, electrical stimulation, massage therapy, and hot or cold packs from 07/01/02 through 07/24/02, 07/31/02 through 09/16/02, 09/26/02, 10/10/02 through 01/10/03, 01/15/03 through 01/30/03, 02/06/03 through 03/10/03, and 04/17/03 through 04/25/03

Decision

It is determined that the office visits with manipulation, manipulations, mechanical traction, electrical stimulation, massage therapy, and hot or cold packs from 07/01/02 through 07/24/02 were medically necessary to treat this patient's condition. However, the office visits with manipulation, manipulations, mechanical traction, electrical stimulation, massage therapy, and hot or cold packs from 07/31/02 through 09/16/02, 09/26/02, 10/10/02 through 01/10/03, 01/15/03 through 01/30/03, 02/06/03 through 03/10/03, and 04/17/03 through 04/25/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient's injury that was sustained on ___ was complicated by many factors. The first factor complicating the patient's care is the fact that the carrier has denied the patient's ability to seek conservative chiropractic care. In addition, it is evident that the patient has injuries that are beyond classification in the strain/sprain treatment model utilized by the carrier in the analysis of the treatment rendered in this case.

The patient's treating provider performed a complete trial of conservative therapeutics through 07/24/02 which was medically indicated and appropriate. The treatment provided beyond 07/24/02 was not medically necessary to treat this patient. The provider had not established any quantitative or qualitative measures to assure that the patient is benefiting from the applications rendered.

It is clear from the reviewed documentation that this patient is not a typical chiropractic patient that receives 8 weeks/24 sessions of care. It is also clear that this patient cannot show any quantifiable benefit from chiropractic therapeutics beyond 07/24/02. Therefore, it is determined that the office visits with manipulation, manipulations, mechanical traction, electrical stimulation, massage therapy, and hot or cold packs from 07/01/02 through 07/24/02 were medically necessary to treat this patient's condition. However, the office visits with manipulation, manipulations, mechanical traction, electrical stimulation, massage therapy, and hot or cold packs from 07/31/02 through 09/16/02, 09/26/02, 10/10/02 through 01/10/03, 01/15/03 through 01/30/03, 02/06/03 through 03/10/03, and 04/17/03 through 04/25/03 were not medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- *Overview of implementation of outcome assessment case management in the clinical practice.*
Washington State Chiropractic Association; 2001. p54.
- Wright A, Mayer TG, Gatchel RJ. *Outcomes of disabling cervical spine disorders in compensation injuries. A prospective comparison to tertiary rehabilitation response for chronic lumbar spinal disorders.*
Spine 1999 Jan 15;24(2):178-83.

Sincerely,