

MDR Tracking Number: M5-03-2832-01

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 7-7-03.

The IRO reviewed office visits, electrical stimulation, ultrasound, neuromuscular re-education, myofascial release, supplies, and unlisted therapeutic procedure rendered from 7-24-02 through 8-2-02 and 8-13-02 through 12-9-02 that were denied based upon not medically necessary.

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 October 7, 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 (Maximum Allowable Reimbursement)	Reference	Rationale
8/8/02	95900-27 95904-27 95935-27 95925-27 95999	384.00 384.00 256.00 350.00 510.00	0.00	K	64.00 each nerve 64.00 each nerve 53.00 per study 175.00 DOP (Requestor billed for technical component only – Reimbursement is 70% of the listed value.)	96 MFG Med GR IV D; IV B	Respondent denied services as “K – not appropriate HCP.” Per TWCC records, Dr. Pritchett is the treating doctor of record. No documentation was submitted for the technical component of the procedure; therefore, no reimbursement recommended.
TOTAL		1884.00	0.00				The requestor is not entitled to reimbursement.



DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This is a very complex case, but the requestor on this case failed to adequately document the patient's progress. The reviewer would like to have seen OSWESTRY scores or other objective measurements of progress by a patient with this serious of an injury. The passive care that was being rendered is not documented as being effective on a patient and certainly spinal manipulation on a post-surgical cervical spine would give cause for alarm in some cases. While there are techniques which could be effective for pain control on a surgical case, as well a functional restoration of motion, it is undocumented in this case as to what technique was used or the overall outcomes of the treatment program. The documentation that we see in this note package is indicative that progress was not made, but rather a maintenance approach was taken to the patient's case. While some patients may need ongoing care, the records should document a progressive improvement in the patient. The records of the requestor only indicated that the patient was "up and down" and never really improved. I see no indication what the treatment goals were or when the treatment would be completed. As a result, this case is found to not be medically necessary.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,