

MDR Tracking Number: M5-03-2995-01

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 July 17, 2003.

The IRO reviewed office visits, therapeutic exercises, durable medical equipment, and initial medical report rendered from 7/24/02 through 2/14/03 that was denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

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 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.

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

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
8/2/02	97110 x 6 units	\$240.00	\$0.00	L	\$210.00	<u>MFG, Medicine Ground Rule</u>	Review of the Commission's records revealed that the requestor requested a change in treating doctors. Commission records further reveal that the request was approved on 6/21/02 to
8/8/02	97110 x 5 units	\$200.00	\$0.00	L	\$175.00	(I)(A)(9)(b), (I)(A)(10)(a) & (I)(A)(11)	
8/16/02	97110 x 4 units	\$160.00	\$0.00	L	\$140.00	Section 413.016 of the Labor Code	

8/29/02	99080	\$20.00	\$0.00	L	\$15.00	CPT code descriptor	reflect ___ as the new treating doctor. Therefore, the treating doctor provided the charges in dispute to the injured worker. Reimbursement is recommended in the amount of \$603.00.
2/14/03	99213	\$60.00	\$0.00	L	\$48.00	<u>MFG, Evaluation/ Management Ground Rule (VI)(B)</u>  <u>MFG, Medicine Ground Rule (I)(A)(8)</u>	
	99080	\$20.00	\$0.00	L	\$15.00	CPT code descriptor	
TOTAL		\$700.00	\$0.00		\$603.00		The requestor is entitled to reimbursement of \$603.00

This Decision is hereby issued this 29<sup>th</sup> day of January 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division  
MQO/mqo

**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 7/24/02 through 2/14/03 in this dispute.

This Order is hereby issued this 29<sup>th</sup> day of January 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/mqo

September 12, 2003

Re: MDR #: M5-03-2995-01  
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 male patient fractured his right tibia and fibula in an on-the-job injury on \_\_\_\_. He underwent surgery to his leg, and pins and screws were used to stabilize the fracture. He followed up with eight weeks of therapy and then an additional six weeks of rehab.

**Disputed Services:**

Office visits, therapeutic exercises, durable medical equipment and initial medical report from 7/24/02 through 2/14/03.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier. The services in question were medically necessary in this case.

**Rationale:**

The reviewer finds that, after reviewing the treatment notes and re-evaluations, the treatments rendered between 07/24/02 through 08/30/02 show improvement to the patient's condition and did not appear to be excessive, given the injury. At no time did the treatment notes indicate failure of the patient to respond positively to the treatments or does his symptomatology plateau. The follow-up evaluations on 09/26/02 and 02/14/03 are also reasonable and necessary to show the patient is responding well and has had no further exacerbations.

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,