

MDR Tracking Number: M5-03-3063-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 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 7-24-03.

The IRO reviewed office visits, muscle testing, joint mobilization, myofascial release, therapeutic exercises, group therapeutic exercises, and record copies from 8-19-02 through 10-18-02 that were denied as unnecessary.

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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. The disputed date of service 7-22-02 is untimely and ineligible for review 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 7-24-03.

On 10-21-03, 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
8/9/02	97750MT	\$129.00	\$86.00	F	\$43.00 ea body area	96 MFG Med GR I E 3 and Rule 133.307(g)(3)	No documentation was submitted to support delivery of service. No additional reimbursement can be recommended.
10/21/02	99213 97265 97250 97150 97110 (7)	\$50.00 \$43.00 \$43.00 \$27.00 \$245.00	\$0.00	No EOB	\$48.00 \$43.00 \$43.00 \$27.00 \$35.00 ea 15 min	96 MFG Med GR I A 10 a; E/M GR VI B; Rule 133.307(g)(3)	Neither party submitted EOBs; therefore, this review will be per the MFG. No documentation was submitted to support delivery of services. No reimbursement can be recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10/29/02	99215 99080-73 95851 97750-MT	\$125.00 \$15.00 \$40.00 \$86.00	\$0.00	No EOB	\$103.00 \$15.00 \$36.00 \$43.00 ea body area	96 MFG E/M GR VI B; Med GR I E 3; CPT descriptor and Rules 129.5 and 133.307(g)(3)	Neither party submitted EOBs; therefore, this review will be per the MFG. No documentation was submitted to support delivery of services. No reimbursement can be recommended.
11/5/02 12/5/02	99213	\$50.00x2	\$0.00	No EOB	\$48.00	96 MFG E/M GR VI B and Rule 133.307(g)(3)	
11/27/02	97750-FC	\$500.00	\$0.00	No EOB	\$100.00/hr	96 MFG Med GR I E 2 and Rule 133.307(g)(3)	
TOTAL		\$1,403.00	\$86.00				The requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 6<sup>th</sup> day of February 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 8-19-02 through 10-18-02 in this dispute.

This Order is hereby issued this 6th day of February 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

### NOTICE OF INDEPENDENT REVIEW DECISION

September 25, 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 #: M5-03-3063-01  
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 sustained an injury on \_\_\_ when she slipped and fell on a wet floor. She landed on her low back and buttock region. The patient saw her family physician and was eventually referred to an orthopedic surgeon and a pain management specialist. She began seeing a chiropractor for treatment and therapy on 06/28/02.

#### Requested Service(s)

Office visits, muscle testing, joint mobilization, myofascial release, therapeutic exercises, group therapeutic procedure, and records copies from 08/19/02 through 10/18/02

#### Decision

It is determined that the office visits, muscle testing, joint mobilization, myofascial release, therapeutic exercises, group therapeutic procedure, and records copies from 08/19/02 through 10/18/02 were medically necessary to treat this patient's medical condition.

#### Rationale/Basis for Decision

This patient was sent to an orthopedic physician who determined her not to be a surgical candidate and referred her to a pain management specialist. She received a series of lumbar epidural steroid injections through 06/06/02. She had not received active or passive care since her injury.

She was evaluated by the chiropractor on 06/28/02 with range of motion testing and physical capacity testing. Physical medicine treatments were begun. Additional testing via muscle strength tests, physical capacity testing, and re-examinations were completed. Each date of service was properly documented and revealed improvement both subjectively as well as objectively. She was allowed to return to work on modified duty.

National treatment guidelines allow for passive therapy with the progression into active therapy. Usually these services are performed closer to the actual date of injury. However, no passive or active care had been performed prior to treatment with the chiropractor and the patient continued to suffer from the effects of her on the job injury. The patient had treatment in the form of medication and injections after her injury that afforded her only minimal

relief. Testing revealed significant weakness and patient de-conditioning. Appropriate treatment was rendered until her improvement had plateaued. Therefore, it is determined that the office visits, muscle testing, joint mobilization, myofascial release, therapeutic exercises, group therapeutic procedure, and records copies from 08/19/02 through 10/18/02 were medically necessary.

Sincerely,