

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 07-28-03.

The IRO reviewed work hardening, office visits w/ manipulations, unlisted neurological/ neuromuscular procedures, and medical conference rendered from 03-03-03 through 05-07-03 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for work hardening, office visits w/ manipulations, unlisted neurological/ neuromuscular procedures, and medical conference (99361). 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 10-06-03, 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
01-02-03	99213M P	\$48.00	0.00	No EOB	\$48.00	MFG MGR (I)(B)(1)(b)	Soap notes do not support delivery of service. Reimbursement is not recommended
01-06-03	97750FC (5 hour)	\$500.00	0.00		\$100.00 per hour	MFG MGR (I)(E)(2)(a)	Soap notes do not support delivery of service. Reimbursement is not recommended
01-06-03	99213M P	\$48.00	0.00		\$48.00	MFG MGR (I)(B)(1)(b)	Soap notes do not support delivery of service. Reimbursement is not recommended
01-07-03	97545W H (2 units)	\$128.00	0.00		\$64.00 per unit	MFG MGR (II) (C) & (E)	Soap notes support delivery of service, Recommended Reimbursement \$128.00
	97546W H (6 units)	\$384.00	0.00		\$64.00 per unit		Soap notes support delivery of service, Recommended Reimbursement \$384.00

01-24-03	99213M P	\$48.00	0.00		\$48.00	MFG MGR (I)(B)(1)(b) )	Soap notes do not support delivery of service. Reimbursement is not recommended
02-24-03	97545W H (2 units)	\$128.00	0.00		\$64.00 per unit	MFG MGR (II) (C) & (E)	Soap notes support delivery of service, Recommended Reimbursement \$128.00
	97546W H (6 units)	\$384.00	0.00		\$64.00 per unit		Soap notes support delivery of service, Recommended Reimbursement \$384.00
	99361	\$53.00	0.00		\$53.00	MFG E/M GR (XVIII)(B)	Soap notes do not support delivery of service. Reimbursement not recommended
05-07-03	97545W H(2 units)	\$128.00	0.00		\$64.00 per unit	MFG MGR (II) (C) & (E)	Soap notes support delivery of service, Recommended Reimbursement \$128.00
05-12-03	99361	\$53.00	0.00		\$53.00	MFG E/M GR (XVIII)(B)	Soap notes do not support delivery of service. Reimbursement is not recommended
	97546W H (6 units)	\$384.00	0.00		\$64.00 per unit	MFG MGR (II) (C) & (E)	Soap notes support delivery of service, Recommended Reimbursement \$384.00
	97545W H (2 units)	\$128.00	0.00		\$64.00 per unit		Soap notes support delivery of service, Recommended Reimbursement \$128.00
05-13-03	97546W H (6 units)	\$384.00	0.00		\$64.00 per unit	MFG MGR (II) (C) & (E)	Soap notes support delivery of service, Recommended Reimbursement \$384.00
	97545W H (2 units)	\$128.00	0.00		\$64.00 per unit		Soap notes support delivery of service, Recommended Reimbursement \$128.00
05-14-03	97545W H(2 units)	\$128.00	0.00		\$64.00 per unit	MFG MGR (II) (C) & (E)	Soap notes support delivery of service, Recommended Reimbursement \$128.00
	97546W H (6 units)	\$384.00	0.00		\$64.00 per unit		Soap notes support delivery of service, Recommended Reimbursement \$384.00
TOTAL		\$3438.00					The requestor is entitled to reimbursement of <b>\$2688.00</b>

This Decision is hereby issued this 2<sup>nd</sup> day of March 2004.

Georgina Rodriguez  
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 Decision is applicable for dates of service 8-28-01 through 12-28-01 in this dispute.

This Order is hereby issued this 2<sup>nd</sup> day of March 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

**NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** February 25, 2004

**MDR Tracking #:** M5-03-3090-01                      Amended decision  
**IRO Certificate #: 5242**

\_\_\_ 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 proposed 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 Chiropractic physician reviewer that has ADL certification. The Chiropractic physician reviewer 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**

According to the supplied documentation, it appears that the claimant was working on \_\_\_ when she slipped in water and fell. The claimant reported low back pain and right knee and then presented to \_\_\_ on 05/17/2002. On 05/30/2002, the claimant changed treating doctors to \_\_\_. The claimant began passive and active chiropractic modalities at \_\_\_. On 09/26/2002, the claimant underwent surgery in her right knee that included a two-compartment synovectomy, arthroscopy, chondroplasty, and repair of a torn posterior horn of the medial meniscus. Post-surgical therapy was performed, and the claimant underwent a plethora of tests including a NCV, FCE and a MRI. The claimant continued to have an extensive amount of rehabilitation under the guidance of a chiropractor. In the beginning of 2003, the claimant went through a work hardening program. The documentation ends at the termination of the work hardening program.

**Requested Service(s)**

Please review and address the medical necessity of the outpatient services including office visits with manipulations, medical conference (99361), unlisted neurological/neuromuscular procedure (99361) and work hardening rendered between 03/03/2003 through 05/07/2003.

**Decision**

I agree with the insurance company that the requested services were not medically necessary.

**Rationale/Basis for Decision**

The case file was reviewed in its entirety and there was no objective documentation supplied that shows medical necessity for the services in question. The notes from \_\_\_ state on many different dates that \_\_\_ had recommended work hardening although there was no supporting documentation that supports any work hardening or work conditioning program. The documentation failed to support any deficiencies that inhibited the claimant of returning to her job at regular or limited capacity. Since there was no documentation provided that either placed the claimant at her previous work level or even at a limited level and there was no documentation showing that she could not work, then it appears she may have been able to return to her previous job. Without the support of diagnostics and attempts at more efficient protocols, i.e. a home exercise program, then the work hardening program that was performed is not deemed medically necessary. The ongoing office visits also were not necessary. The claimant was under care with the treating surgeon who was seeing her as well which make the visits with \_\_\_ redundant and unnecessary.