

MDR Tracking Number: M5-03-3125-01

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 July 30, 2003.

The IRO reviewed special reports, office visits w/ manipulations, myofascial release, therapeutic exercises and activities from 08-07-02 through 12-17-02, 02/13/03, 02/14/03 and 03/07/03 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for special reports, office visits w/ manipulations, myofascial release, therapeutic exercises and activities. 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 September 30, 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
12/27/02	97250	43.00	0.00	No EOB	43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of \$43.00
12/27/03	99213	48.00	0.00	No EOB	48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of \$48.00
01/06/03	99213	48.00	0.00	No EOB	48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of \$48.00
01/06/03	97250	43.00	0.00	No EOB	43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support services were rendered as billed. Reimbursement recommended

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
							in the amount of \$43.00
01/06/03	97110	120.00	0.00	No EOB	105.00	MFG, MGR (I)(10)(a)	Soap notes do not support services as billed for therapeutic procedures performed.
01/07/03	97250	43.00	0.00	No EOB	43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of \$43.00
01/07/03	97010	30.00	0.00	No EOB	11.00	MFG, MGR (I)(9)(a)(ii)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of \$11.00
01/07/03	97014	30.00	0.00	No EOB	15.00	MFG, MGR (I)(9)(a)(ii)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of \$15.00
01/07/03	97110	160.00	0.00	No EOB	35.00*4 units =140.00	MFG, MGR (I)(10)(a)	SOAP notes do not support services as billed for therapeutic procedure
01/07/03	99213	48.00	0.00	No EOB	48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of \$48.00
02/10/03	97750-WP	360.00	0.00	No EOB	344.00	MFG, MGR (I)(11)(E)(2)	SOAP notes supports services as billed for function capacity evaluation; GR states FCE should be billed 97750-FC. TWCC and Importance of proper coding states accurate coding of service rendered is essential for proper reimbursement. Therefore no reimbursement recommended.
02/28/03	97250	43.00	0.00	No EOB	43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of \$43.00
02/28/03	97110	40.00	0.00	No EOB	35.00	MFG, MGR (I)(10)(a)	SOAP notes do not support services as billed for therapeutic procedure
02/28/03	99213	48.00	0.00	No EOB	48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of \$48.00

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
TOTAL		\$1104.00					The requestor is entitled to reimbursement of \$ 390.00

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 08/07/02 through 03/07/03 in this dispute.

This Decision is hereby issued this 18th day of December 2003.

Georgina Rodriguez
 Medical Dispute Resolution Officer
 Medical Review Division

September 29, 2003

David Martinez
 TWCC Medical Dispute Resolution
 4000 IH 35 South, MS 48
 Austin, TX 78704

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 IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

This worker was injured while working for a ___ when she was moving some frozen items from the freezer and suffered an immediate onset of low back pain when she tried to stand erect from the flexed position. The pain was noted as radiating into the right leg and ankle. EMG was reported as being negative in this case and there are no MRI results presented, but records do indicate a lumbar disc herniation. However, peer review indicates that the patient did also have a hip/pelvis sprain/strain in addition to an apparent low back injury. Designated doctor ___ found her to be at MMI with 5% impairment as of December 17, 2001. Peer review was performed by ___, who practices pain management. He denied the diagnosis of low back injury, indicating that the patient was suffering from a hip sprain/strain which had resolved as of his date of review on May 30, 2003. He did not indicate a date as to when it apparently resolved nor was there any discussion of a disc herniation as diagnosed on MRI. He did state that records indicated the patient had Waddell's signs in 6 of 8 categories, demonstrating possible malingering and/or symptom magnification.

DISPUTED SERVICES

Under dispute is the medical necessity of special reports, office visits with manipulation, myofascial release, therapeutic exercises and activities provided from 8/7/02 through 12/17/02, 2/13/03, 2/14/03 and 3/7/03.

DECISION

The reviewer agrees with the prior adverse determination

BASIS FOR THE DECISION

Without discussing symptom magnification, we must look at the evidence presented by the requestor. The patient was placed at MMI as of December 17, 2001, a full year before some of the disputed services were rendered. The office notes by the treating doctor do not indicate that there was an exacerbation of the injury and there is no indication from the office notes that the patient improved with the care. The patient's complaints were generally the same and the notes describe the pain as "severe" in the low back and hip. While the assessment for the patient was on occasion "improvement", the subjective complaints of the patient indicated that the treatment was in excess of that which would be effective. As a result, the reviewer finds the treatment was not reasonable in this case.

___ 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,