MDR Tracking Number: M5-03-3126-01

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 28, 2003.

The IRO reviewed office visits, joint mobilization, myofascial release, manual traction, therapeutic procedure, nerve conduction study, sensory nerve study, somatosensory testing, H/F reflex study rendered on 7/29/02 through 9/24/02 denied based upon "V".

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 17, 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
9/26/02	97110	$210.00	$0.00	C	$210.00	MFG, Medicine Ground Rule (I)(A)(9)(b), (I)(A)(10)(a) & (I)(A)(11)(a)	The carrier failed to submit relevant information to support the denial of "C". Review of the position statement dated 4/3/03 partially states; "…we are **not** a contracted provider and payment should be made according to the TWCC Fee Guideline…" Therefore, the requestor is entitled to reimbursement in the amount of $210.00

TOTAL		$210.00	$0.00		$210.00		The requestor is entitled to reimbursement in the amount of $210.00.

The Decision is hereby issued this 30th 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 7/29/02 through 9/26/02 in this dispute.

This Order is hereby issued this 30th day of January 2004.

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

September 16, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-3126-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 59 year-old male who sustained a work related injury on ___. The patient reported that while at work he was lifting a 5 gallon bucket of paint when he felt a snap in his right shoulder. The patient was first evaluated for this injury on 6/18/02 and underwent X-Rays of the right shoulder. The patient then underwent an MRI of the right shoulder on 6/27/02 that showed moderated impingement upon the supraspinatus muscle and associated joint effusion. The patient was initially treated with active and passive therapies. On 8/06/02 the patient underwent right shoulder surgery that included arthroscopy, lysis of glenohumeral joint adhesions and arthroscopic acromiplasty. The patient was then treated with postoperative rehabilitation.

Requested Services

Office visits, joint mobilization, myofascial release, manual traction, therapeutic procedure, nerve conduction study, sensory nerve study, somatosensory testing and H/F reflex study from 7/29/02 through 9/24/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 59 year-old male who sustained a work related injury to his right shoulder on ___. The ___ chiropractor reviewer also noted that the patient underwent an MRI on 6/27/02 that showed moderated impingement upon the supraspinatus muscle and associated joint effusion. The ___ chiropractor reviewer further noted that treatment for this patient's condition has included active and passive therapies and right shoulder surgery on 8/6/02 followed by postoperative rehabilitation. The ___ chiropractor reviewer explained that the treatment this patient received from 7/29/02 through 9/24/02 was medically necessary. Therefore, the ___ chiropractor consultant concluded that the office visits, joint mobilization, myofascial release, manual traction, therapeutic procedure, nerve conduction study, sensory nerve study, somatosensory testing and H/F reflex study from 7/29/02 through 9/24/02 were medically necessary to treat this patient's condition.

Sincerely,