

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-4197.M5

MDR Tracking Number: M5-03-3160-01

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 August 4, 2003.

The IRO reviewed therapeutic exercises, office visits, massage, ultrasound, hot/cold packs, electrical stimulation, special reports, review medical data, unlisted physical medicine services, office consultation, physical performance test, and range of motion testing rendered from 11/27/02 through 6/13/03 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. 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 November 13, 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.

Both the requestor and respondent failed to submit copies of EOBs, therefore the charges lacking in EOBs will be reviewed according to the Medical Fee Guideline.

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

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Reference	Rationale
11/27/02	99205	\$137.00	\$0.00	No EOB	\$137.00	Rule 133.307 (g)(3) <u>MFG, Evaluation/ Management Ground Rule (I)(A) & (VI)(A)</u>	Review of the "Initial Evaluation" report dated 11/27/02 supports delivery of service. Reimbursement is recommended in the amount of \$137.00.
12/3/02	99213-MP	\$48.00	\$0.00	No EOB	\$48.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(B)(1)(b)</u>	Review of the SOAP note supports delivery of service. Reimbursement is recommended in the amount of \$48.00.
	97124	\$28.00	\$0.00	No EOB	\$28.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule</u>	Review of the SOAP note supports delivery of service. Reimbursement is recommended in the

						(I)(A)(9)(b) & (I)(A)(10)(a)	amount of \$28.00.
	97014	\$15.00	\$0.00	No EOB	\$15.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule</u> (I)(A)(9)(a)(ii) & (I)(A)(10)(a)	Review of the SOAP note supports delivery of service. Reimbursement is recommended in the amount of \$15.00.
	97010	\$11.00	\$0.00	No EOB	\$11.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule</u> (I)(A)(9)(a)(ii) & (I)(A)(10)(a)	Review of the SOAP note supports delivery of service. Reimbursement is recommended in the amount of \$11.00.
12/5/02	99213-MP	\$48.00	\$0.00	No EOB	\$48.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule</u> (I)(B)(1)(b)	Review of the SOAP note supports delivery of service. Reimbursement is recommended in the amount of \$48.00.
	97124	\$28.00	\$0.00	No EOB	\$28.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule</u> (I)(A)(9)(b) & (I)(A)(10)(a)	Review of the SOAP note supports delivery of service. Reimbursement is recommended in the amount of \$28.00.
	97014	\$15.00	\$0.00	No EOB	\$15.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule</u> (I)(A)(9)(a)(ii) & (I)(A)(10)(a)	Review of the SOAP note supports delivery of service. Reimbursement is recommended in the amount of \$15.00.
	97010	\$11.00	\$0.00	No EOB	\$11.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule</u> (I)(A)(9)(a)(ii) & (I)(A)(10)(a)	Review of the SOAP note supports delivery of service. Reimbursement is recommended in the amount of \$11.00.
1/28/03	99213-MP	\$48.00	\$0.00	No EOB	\$48.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule</u> (I)(B)(1)(b)	Review of the SOAP note supports delivery of service. Reimbursement is recommended in the amount of \$48.00.
	97124	\$28.00	\$0.00	No EOB	\$28.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule</u> (I)(A)(9)(b) & (I)(A)(10)(a)	Review of the SOAP note supports delivery of service. Reimbursement is recommended in the amount of \$28.00.
	97014	\$15.00	\$0.00	No EOB	\$15.00	Rule 133.307 (g)(3)	Review of the SOAP note supports delivery of

						<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii) & (I)(A)(10)(a)</u>	service. Reimbursement is recommended in the amount of \$15.00.
1/30/03	99080-73	\$15.00	\$0.00	No EOB	\$15.00	Rule 133.307 (g)(3) Rule 125.9	The requestor failed to submit relevant information to support delivery of service. Reimbursement is not recommended.
3/14/03	99080-73	\$15.00	\$0.00	No EOB	\$15.00	Rule 133.307 (g)(3) Rule 129.5	The requestor failed to submit relevant information to support delivery of service. Reimbursement is not recommended.
5/15/03	99213-MP	\$48.00	\$0.00	No EOB	\$48.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(B)(1)(b)</u>	Review of the SOAP note does not support delivery of service. Reimbursement, is therefore, not recommended.
5/9/03	99358-52	\$42.00	\$0.00	No EOB	\$42.00	Rule 133.307 (g)(3) <u>MFG, Evaluation/ Management Ground Rule (XVIII)</u>	Review of the "Review of Records" report dated 5/9/03 supports delivery of service. Reimbursement is recommended in the amount of \$42.00.
5/22/03	99080-73	\$15.00	\$0.00	No EOB	\$15.00	Rule 133.307 (g)(3) Rule 129.5	Review of the TWCC-73 supports delivery of service. Reimbursement is recommended in the amount of \$15.00.
5/29/03	99213-MP	\$48.00	\$0.00	No EOB	\$48.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(B)(1)(b)</u>	Review of the SOAP note does not support delivery of service. Reimbursement, is therefore, not recommended.
6/5/03	99213-MP	\$48.00	\$0.00	No EOB	\$48.00	Rule 133.307 (g)(3) <u>MFG, Medicine Ground Rule (I)(B)(1)(b)</u>	Review of the SOAP note does not support delivery of service. Reimbursement, is therefore, not recommended.
6/13/03	99213-MP	\$48.00	\$0.00	No EOB	\$48.00	Rule 133.307 (g)(3) <u>MFG, Medicine</u>	The requestor failed to submit relevant information to support

						<u>Ground Rule</u> (I)(B)(1)(b)	delivery of service. Reimbursement is not recommended.
TOTAL		\$711.00	\$0.00		\$711.00		The requestor is entitled to reimbursement in the amount of \$489.00.

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 11/27/02 through 6/13/03 in this dispute.

This Order is hereby issued this 13th day of February 2004.

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

NOTICE OF INDEPENDENT REVIEW DECISION

November 6, 2003

Rosalinda Lopez
 Program Administrator
 Medical Review Division
 Texas Workers Compensation Commission
 7551 Metro Center Drive, Suite 100, MS 48
 Austin, TX 78744-1609

RE: MDR Tracking #: M5-03-3160-01
 IRO Certificate #: IRO 4326

___ 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 ____, mechanism unknown. He saw a chiropractor for treatment.

Requested Service(s)

Therapeutic procedures, office visits, massage, ultrasound, hot or cold packs, electrical stimulation, special reports, review of medical data, unlisted physical medicine service, office consultation, physical performance tests, and range of motion testing from 11/22/02 through 06/13/03

Decision

It is determined that the therapeutic procedures, office visits, massage, ultrasound, hot or cold packs, electrical stimulation, special reports, review of medical data, unlisted physical medicine service, office consultation, physical performance tests, and range of motion testing from 11/22/02 through 06/13/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical information provided is insufficient to determine the medical necessity for the requested services. The initial examination results and the documented response to the care provided would be necessary information to make a determination regarding appropriateness of the care rendered to date. Therefore, it is determined that the therapeutic procedures, office visits, massage, ultrasound, hot or cold packs, electrical stimulation, special reports, review of medical data, unlisted physical medicine service, office consultation, physical performance tests, and range of motion testing from 11/22/02 through 06/13/03 were not medically necessary.

Sincerely,