

MDR Tracking Number: M5-03-3167-01

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 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 8-01-03.

The IRO reviewed aquatic therapy, neuromuscular re-education, diathermy, paraffin, and therapeutic exercises from 9-11-02 through 9-23-02 and 9-26-02 through 10-18-02 that were denied as unnecessary medical.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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.

On 10-7-03, the Medical Review Division submitted a Notice to the 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
9/25/02	99215	\$100.00	\$0.00	N, TG	\$103.00	96 MFG E/M IV C 2; VI B	Carrier denied as “N, TG – documentation does not support service billed.” This level of service requires two of three key components – comprehensive history, comprehensive exam, and medical decision making of high complexity. The “SPECIFIC AND SUBSEQUENT MEDICAL REPORT” dated 9-25-02 did not include a comprehensive history or a comprehensive exam; therefore reimbursement cannot be recommended.
TOTAL		\$100.00	\$0.00				The requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 2<sup>nd</sup> day of February 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division  
DZT/dzt

August 22, 2003

Re: MDR #: M5-03-3167-01  
IRO Certificate No.: IRO 5055

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Orthopedic Surgery.

**Clinical History:**

This healthy 18-year-old male claimant injured his right wrist, right hand, and back in an on-the-job accident on \_\_\_. He received physical therapy and treatments for this injury. He had x-rays which were entirely normal, and he had treatment by a physician.

On 10/29/02 the patient was declared to be at MMI and was given a 0% impairment rating. His diagnosis was soft tissue ligamentous sprain, thoracolumbar spine and wrist.

**Disputed Services:**

Aquatic therapy, neuromuscular re-education, diathermy, paraffin, therapeutic exercises for dates of service of 9/11/02 through 9/23/02, 9/26/02 through 10/18/02.

**Decision:**

The reviewer agrees with the determination of the insurance carrier. The services in question were not medically necessary.

**Rationale:**

The services in question were not medically necessary. It is obvious from the record that this young man would have recovered from this injury without any form of treatment.

The patient had nothing more than a soft tissue injury to the thoracolumbar spine, wrist and had. There has never been any scientific evidence that the extensive treatment he received is necessary for soft tissue injuries to recover. The records do not support any major ligamentous disruption and do not support any type of instability that was produced in any joint that was injured, and the above modalities were not needed in order to treat this injury.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or

any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,