

MDR Tracking Number: M5-03-3182-01

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 5, 2003.

The IRO reviewed physical medicine treatment, therapeutic exercises, myofascial release, ultrasound, joint mobilization, group therapy procedures, office visits rendered on 8/8/02 through 1/31/03 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 October 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.

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

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Reference	Rationale
8/7/02	99213	\$60.00	\$48.00	F	\$48.00	<u>MFG, Evaluation, Management Ground Rule (IV)(B)</u>	Review of the EOB dated 9/18/02 reflects that CPT code 99213 was paid according to the MAR reimbursement in the amount of \$48.00 (Check # 04776966), therefore no additional reimbursement is recommended.
12/5/02	99213	\$60.00	\$0.00	D	\$48.00		Both the requestor and respondent did not submit a copy of the original EOB denial. Therefore the disputed charge will be reviewed according to the <u>MFG</u> . Review of the office note supports delivery of service. Reimbursement is recommended in the amount of \$48.00.

TOTAL		\$120.00	\$48.00		\$96.00		The requestor is entitled to reimbursement in the amount of \$48.00.
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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 date of service 12/5/02 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

September 22, 2003

Re: MDR #: M5-03-3182-01
 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 Chiropractic Medicine.

Clinical History:

This female claimant reported a repetitive stress injury to her right shoulder and hand on ___. She has undergone chiropractic, pain management, trigger-point therapy, shoulder arthroscopy, and prescription medications. Right carpal tunnel release was performed on 08/24/01. She had a right shoulder arthroscopy with subacromial decompression and debridement of a posterior labral tear on 08/30/02. She also had manipulation under anesthesia performed to her right shoulder on 02/27/03.

Disputed Services:

Physical medicine treatments, therapeutic procedures, myofascial release, ultrasound, joint mobilization, group therapy procedures, and office visits during the period of 08/08/02 through 01/31/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatments and services in question were not medically necessary in this case.

Rationale:

It is apparent from the documents provided for review that the patient was not benefiting from the therapies provided. At this point in her treatment, after such a long period of conservative care, no further conservative care is warranted prior to surgical intervention. Therefore, the dates prior to 08/30/02 are not reasonable or necessary (08/08/02 & 08/12/02). As for the dates following the surgery, the patient was released to begin physical therapy on 10/14/02; and, it appears from the record, that she underwent post-operative rehab. However, the notes indicate very little progress or benefit to the patient.

Standard treatment guidelines as noted in several publications such as *Sports Injury Assessment and Rehabilitation* by Dr. David C. Reid, recommend that the primary phase of treatment should be between two to six weeks. Because the patient underwent six weeks of care post-operatively but showed little improvement, it is reasonable to assume that the treatment protocol should be assessed and modified. Also, due to the amount of time the patient has been unable to work, psychosocial considerations should be addressed. Based on the documentation provided, it appears they have not played a factor in the ongoing treatment plan.

Therefore, treatment rendered between 11/25/02 and 01/31/03 are not reasonable or necessary for the improvement of the patient's condition.

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,