MDR Tracking Number: M5-03-3197-01

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 7, 2003.

The IRO reviewed myofascial release, therapeutic procedure, ultrasound, therapy, hot/cold packs, electrodes, special reports, office visits, and electrical stimulation rendered from 8/12/02 through 12/4/02 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 6, 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
8/19/02	97250	$44.00	$0.00	L	$43.00	MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a) & (I)(A)(11)(C)(3)	Review of the Commission's database record dated 3/23/01 revealed that ___ is the treating doctor. Therefore the requestor is entitled to reimbursement in the amount of $161.00.
	97110	$40.00	$0.00	L	$35.00	MFG, Medicine Ground Rule (I)(A)(9)(b), (I)(A)(10)(a) & (I)(A)(11)(a)	
	97110	$40.00	$0.00	L	$35.00	MFG, Medicine Ground Rule (I)(A)(9)(b), (I)(A)(10)(a) & (I)(A)(11)(a)	

	97035	$26.00	$0.00	L	$22.00	MFG, Medicine Ground Rule (I)(A)(9)(b), (I)(A)(10)(a)	
	97014	$18.00	$0.00	L	$15.00	MFG, Medicine Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)	
	97010	$15.00	$0.00	L	$11.00	MFG, Medicine Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)	
TOTAL		$183.00	$0.00		$161.00		The requestor is entitled to reimbursement in the amount of $161.00.

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 date of service 8-19-02 in this dispute.

This Order is hereby issued this 5th day of February 2004.

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 29, 2003

Re: IRO Case # M5-03-3197-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to
___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas , and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History
The patient injured her wrist, arms, and shoulders in ___ after years of repetitive movement. Electrodiagnostic studies were performed, and the patient was treated with chiropractic, physical therapy, medication and carpal tunnel surgery.

Requested Service(s)
Myofascial release, therapeutic procedure, ultrasound therapy, hot or cold packs, electrodes, special report, office visits and electrical stimulation 8/12/02 –12/4/02.

Decision
I agree with the carrier's decision to deny the requested treatment.

Rationale
The patient had extensive treatment without documented relief of symptoms or improved function. She was placed at MMI on 10/11/01 after about two years of treatment. Palliative care continued after this MMI date without results. After an MMI date is reached, all further treatment must be reasonable and effective in relieving symptoms or improving function, and in this case it was not. The patient's ongoing and chronic care did not appear to be directed at progression for return to work, and from the records provided for this review it did not appear to be provided in the lest intensive setting. The documentation did not show how the disputed services were necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,