

THIS DECISION HAS BEEN APPEALED. THE
 FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
 SOAH DOCKET NO. 453-04-3027.M5

MDR Tracking Number: M5-03-3294-01

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 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 08-14-03.

The IRO reviewed office visits, special reports, and work hardening rendered from 05-16-03 through 06-17-03 that were 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 office visits, special reports, and work hardening. 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 September 30, 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\$ (Maximum Allowable Reimbursement)	Reference	Rationale
06-10-03	97545WH	\$128.00	0.00	No Eob	\$128.00	MFG, MGR (II)(C) & (E)	SOAP notes were not submitted for date of service 06-10-03 to support delivery of service. No reimbursement recommended
06-17-03	97750FC	\$200.00	0.00		\$200.00	MFG, MGR (I)(E)(2)(a)	SOAP notes do not support delivery of service. No reimbursement recommended
TOTAL		\$328.00					The requestor is not entitled to a reimbursement.

This Decision is hereby issued this 6th day of January 2004.

Georgina Rodriguez
 Medical Dispute Resolution Officer
 Medical Review Division

September 25, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5-03-3294-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ was 32 years of age and employed by ___ as a housekeeper when on ___ she slipped on a wet floor and fell, striking her right knee against the wall and landing onto her buttocks. She also reportedly twisted her right knee in the process of landing.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, special reports and work hardening provided from 5/16/03 through 6/17/03.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The conferences (99361) submitted for DOS 5/16/03, /23/03 and 5/30/03 are all absent any documentation to substantiate them whatsoever. Likewise, the brief office visit (99211) submitted

for DOS 6/5/03 and the special report (99080) for DOS 5/23/03 are undocumented. Due to the fact that these CPT codes require documentation for reimbursement, they are denied.

Further, the records submitted for review show that this patient failed to improve significantly after approximately January of 2003. Texas Labor Code 408.021 states:

- a) An employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that:
 - 1) cures or relieves the effects naturally resulting from the compensable injury;
 - 2) promotes recovery; or
 - 3) enhances the ability of the employee to return to or retain employment.

Since the work hardening performed during the time frame in question failed to provide cure or relief for the condition, and did not progress toward recovery or enhancement of employability, the ___ reviewer does not find that it was medically necessary.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,