

MDR Tracking Number: M5-03-3300-01

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 15, 2003.

The IRO reviewed office visits, injections, unclassified drug, therapeutic exercises, myofascial release, muscle energy tech., ultrasound, electrical stimulation, and hot/cold packs rendered from 8/20/02 through 9/5/02 and 11/22/02 denied based upon "U".

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 3, 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
8/19/02	99213	\$60.00	\$0.00	F	\$48.00	<u>MFG, Evaluation/ Management Ground Rule (VI)(B)</u>	EOB reflects this charge paid according to the MAR reimbursement (\$48.00). Therefore no additional payment is recommended.
	99080-73	\$20.00	\$0.00	F	\$15.00	Rule 125.9	Review of the TWCC-73 supports delivery of service. Reimbursement is recommended in the amount of \$15.00.
8/20/02	98925	\$56.00	\$39.00	F	\$39.00	<u>MFG, Medicine Ground Rule (III)</u>	Review of the EOB reflects this charge paid according to the MAR reimbursement (\$39.00). Therefore no additional payment is recommended.
9/25/02 10/21/02	99080-73	\$20.00 \$20.00	\$0.00 \$0.00	F F	\$15.00 \$15.00	Rule 125.9	Review of the TWCC-73 for dates of service, 9/25/02, 10/21/02, does not document a change in the patient's condition to warrant a TWCC-73 report.

							Therefore reimbursement is not recommended.
3/20/03	99213	\$60.00	\$40.80	C	\$48.00	<u>MFG, Evaluation/ Management Ground Rule (VI)(B)</u>	Neither the requestor nor respondent submitted relevant information to support/and or challenge the carrier's denial of "C". Therefore, it could not be determined if a contract exists between the requestor and respondent. Additional reimbursement is not recommended.
3/20/03 4/23/03	99080-73	\$20.00 \$20.00	\$0.00 \$0.00	F F	\$15.00 \$15.00	Rule 125.9	Review of the TWCC-73 for dates of service, 11/22/02, 3/20/03 and 4/23/03, does not document a change in the patient's condition to warrant a TWCC-73 report. Therefore reimbursement is not recommended.
4/23/03	99213	\$60.00	\$40.80	C	\$48.00	<u>MFG, Evaluation/ Management Ground Rule (VI)(B)</u>	Neither the requestor nor respondent submitted relevant information to support/and or challenge the carrier's denial of "C". Therefore, it could not be determined if a contract exists between the requestor and respondent. Additional reimbursement is not recommended.
TOTAL		\$336.00	\$120.00		\$258.00		The requestor is entitled to reimbursement in the amount of \$15.00.

**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 5<sup>th</sup> day of February 2004.

Margaret Q. Ojeda  
 Medical Dispute Resolution Officer  
 Medical Review Division

MQO/mqo

October 31, 2003

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M5-03-3300-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the \_\_\_ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The \_\_\_ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 38 year-old female who sustained a work related injury on \_\_\_. The patient reported that while at work when she lifted a child up off the floor, she experienced a popping sensation in her right shoulder. The patient underwent X-Rays and the initial diagnosis was arthritis of the right shoulder. The patient was initially treated with an injection of cortisone and pain medication into the right shoulder. An X-Ray of the right shoulder dated 10/2/01 indicated degenerative changes with mild spurring and narrowing at the AC joint. The patient also underwent bilateral upper extremity EMGs and nerve conduction studies on 4/29/03. Treatment for this patient's condition has included passive physical therapy consisting of ultrasound, soft tissue mobilization, hot/cold packs and chiropractic manipulation.

### Requested Services

Office visits, injections, unclassified drug, therapeutic exercises, myofascial release, unlisted therapeutic (muscle energy tech) ultrasound, electrical stimulation and hot/cold packs from 8/20/02 through 9/25/02 and 11/22/02.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

### Rationale/Basis for Decision

The \_\_\_ chiropractor reviewer noted that this case concerns a 38 year-old female who sustained a work related injury to her right shoulder on \_\_\_. The \_\_\_ chiropractor reviewer also noted that the diagnoses for this patient included arthritis of the right shoulder, degenerative changes with mild spurring and narrowing at the AC joint. The \_\_\_ chiropractor reviewer further noted that treatment for this patient's condition has included passive therapy consisting of ultrasound, soft tissue mobilization, hoot/cold packs

and chiropractic manipulation. The \_\_\_ chiropractor reviewer indicated that the documentation provided did not demonstrate the need for care. Therefore, the \_\_\_ chiropractor consultant concluded that the office visits, injections, unclassified drug, therapeutic exercises, myofascial release, unlisted therapeutic (muscle energy tech) ultrasound, electrical stimulation and hot/cold packs from 8/20/02 through 9/25/02 and 11/22/02 were not medically necessary to treat this patient's condition.

Sincerely,