

MDR Tracking Number: M5-03-3359-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 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 8-25-03.

The IRO reviewed office visits w/manipulations, medical reports, x-rays, prolonged office visit, and ROM from 12-6-02 through 5-5-03.

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.

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 1-6-04, 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 requestor submitted a withdrawal letter for CPT codes 99080-73 and 99358-52 billed on 3-17-03.

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

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Max. Allowable Reimbursement)	Reference	Rationale
2/27/03	73720-E-22	\$924.00	\$823.00	F	\$168.00 PC \$756.00 TC	Rule 133.307(g)(3)) (A-F)	Relevant information supports delivery of service. Recommend additional reimbursement of \$101.00
TOTAL		\$924.00	\$823.00				The requestor is entitled to reimbursement of \$101.00.

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 Order is applicable for date of service 2-27-03 in this dispute.

This Order is hereby issued this 26th day of April 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 31, 2003

Re: IRO Case # M5-03-3359

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, Rule 133.308 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 lower back, right knee and left wrist in ___ when she slipped and fell. She was treated with chiropractic treatment, medication and surgery on her left wrist.

Requested Service(s)

Office visits with manipulations, medical reports wrist x-ray, office visit prolonged contact, range of motion testing 12/6/02-5/5/03

Decision

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

Rational

The patient received a fair trial of chiropractic care before the dates in dispute without documented relief of her symptoms or improved function. From the documentation presented for this review, it appears the patient suffered from a lumbar sprain and right knee sprain, which should have resolved prior to the dates in dispute. Chiropractic treatment for the left wrist was not appropriate, and surgery was performed on 3/12/03. The records provided failed to support the necessity of CPT 99358 on 3/4/03 and 3/5/03. This was excessive and inappropriate. The patient had been treated for a prolonged period of time and, based on the documentation provided, the response had been poor. Subjective complaints and objective findings past 12/4/03 failed to support the continued use of failed conservative treatment.

The 11/14/02 MRI report noted that the enlargement of the S1 nerve root was probably related to the patient's neurofibromatosis, and that there were no other abnormalities in the lumbar spine.

Repetitive billing of CPT code 99080-73 is unnecessary and inappropriate. This should be included in the daily SOAP notes. In this case the SOAP notes were vague and needed additional clinical information to support treatment. The documentation for the patient's chronic and ongoing care for the dates in dispute did not show measurable or objective improvement, and did not appear to be directed at progression for return to work.

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