

## Notice of Independent Review Decision

### PEER REVIEWER FINAL REPORT

**DATE OF REVIEW:** 7/3/2007  
**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

2/14/2007 - 99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

3/19/2007 - 99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer obtained his Doctor of Medicine from the state University of New York Health Science Center at the Brooklyn College of Medicine in Brooklyn, New York. He also obtained a Master of Public Health from the Harvard School of Public Health in Boston, Massachusetts. He is a member of the International Spinal Cord Society, the American Medical Association, and the American Academy of PM&R. He has had numerous peer reviewed publications and is licensed in the states of New York and Massachusetts.

**REVIEW OUTCOME:**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

2/14/2007 - 99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family. Upheld

3/19/2007 - 99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family. Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinical note dated 05/24/2007
2. Clinical note by MD dated 07/08/2006
3. Explanation of review note dated 03/07/2007
4. Health insurance claim form by MD dated 05/14/2007
5. Request for reconsideration note dated 04/03/2007
6. History and physical note by RN dated 02/14/2007
7. Explanation of review note dated 04/08/2007
8. Health insurance claim form by MD dated 05/14/2007
9. Claims mail log note dated 05/18/2007
10. Request for reconsideration note dated 05/10/2007
11. History and physical note by RN dated 03/19/2007
12. Request form dated 05/17/2007
13. Review organization note dated 05/24/2007
14. Case assignment note dated 06/14/2007
15. Review organization note dated 06/14/2007
16. Request form dated 05/17/2007
17. Clinical note dated 06/25/2007
18. Clinical note dated 06/25/2007
19. Explanation of review note dated 04/26/2007
20. Clinical note dated 06/25/2007
21. Health insurance claim form by MD dated 05/14/2007
22. Clinical note dated 04/03/2007
23. Explanation of review note dated 03/07/2007
24. Health insurance claim form by MD dated 05/14/2007
25. Clinical note by MD dated 02/14/2007
26. Explanation of review note dated 04/08/2007
27. Health insurance claim form by MD dated 05/14/2007
28. Claims mail log note dated 06/25/2007
29. Request for reconsideration note dated 05/10/2007
30. Clinical note by RN dated 03/19/2007
31. Explanation of review note dated 04/08/2007
32. Bill review payment summary note dated 04/08/2007
33. Health insurance claim form by MD dated 05/14/2007
34. Request for reconsideration note dated 04/03/2007
35. Clinical note dated 04/03/2007
36. Clinical note dated 06/25/2007
37. Decision note dated 01/05/2007
38. Clinical note by DC dated 12/08/2006
39. Reviewer's report dated 06/25/2007
40. Clinical note dated 10/31/2006
41. Clinical note dated 10/30/2006
42. Review determination note by MD dated 05/15/2006
43. Clinical note dated 05/15/2006
44. Appeal note dated 06/25/2007
45. Occupational disease and claim note dated 06/24/2004
46. Disputed claim note dated 10/08/2003
47. Clinical note dated 06/25/2007
48. Employee's request note dated 08/11/2003
49. Impairment rating note dated 06/17/2003
50. Report of medical evaluation note dated 06/13/2003
51. Clinical note by MD dated 06/25/2007
52. Clinical note dated 06/10/2003
53. Recorded statement note by dated 11/03/2003
54. Recorded statement note by dated 11/05/2003
55. Accident report dated 02/14/2003
56. Employer's first report dated 02/18/2003
57. Initial evaluation note by PT dated 03/22/2007

Name: Patient\_Name

58. History and physical note by RN dated 03/19/2007
59. History and physical note by RN dated 02/14/2007
60. History and physical note by RN dated 10/27/2006 and 09/26/2006
61. History and physical note by RN dated 08/18/2006
62. Operative note by MD dated 08/03/2006
63. History and physical note by RN dated 07/19/2006
64. Anesthesia medical records dated 08/03/2006
65. History and physical note by RN dated 06/02/2006
66. Clinical note dated 06/25/2007
67. History and physical note by owitz RN dated 06/02/2006
68. Clinical note by dated 06/12/2006
69. Orthopedic surgery note by MD dated 06/08/2006
70. History and physical note by RN dated 06/02/2006
71. History and physical note by P A C dated 04/13/2005
72. Status report dated 07/26/2004
73. Clinical note dated 06/26/2004
74. Worksheet note dated 06/25/2007
75. Clinical note by MD dated 04/26/2004
76. Cervical radiculopathy note dated 04/15/2004
77. History and physical note by MD dated 03/17/2004
78. Cervical radiculopathy note dated 02/20/2004
79. History and physical note by MD dated 02/05/2004
80. Clinical note dated 06/25/2007
81. Consultation report by DC dated 02/03/2004
82. Cervical radiculopathy note dated 01/23/2004
83. History and physical note by MD dated 01/15/2004
84. Clinical note by Jr dated 12/16/2003
85. Office note dated 12/12/2003
86. Initial history and physical note by MD dated 12/09/2003
87. Clinical note by MD dated 07/01/2003
88. Office note dated 11/14/2003 to 12/08/2003 Multiple Dates
89. Clinical note by MD dated 06/25/2007
90. Required medical evaluation note by MD dated 10/24/2003
91. Clinical note by MD dated 10/14/2003
92. Clinical note dated 10/01/2003 to 10/06/2003 Multiple Dates
93. Imaging service note by MD dated 09/27/2003
94. Neurosurgical consultation note by MD dated 09/29/2003
95. Office note dated 09/15/2003 to 09/26/2003 Multiple Dates
96. Report of medical evaluation note dated 09/03/2003
97. Clinical note by MD dated 09/05/2003
98. Clinical note dated 09/03/2003
99. Office note dated 08/25/2003 to 09/12/2003 Multiple Dates
100. Clinical note by DC dated 08/25/2003
101. Soap note by MD dated 07/18/2003
102. Soap note by MD dated 07/15/2003
103. Status report dated 07/14/2003
104. Report of medical evaluation note dated 06/13/2006
105. Clinical note by MD dated 06/25/2007
106. Clinical note dated 06/10/2003
107. Physical therapy super bill note dated 06/06/2003
108. Medicine evaluation note dated 11/05/2003
109. Physical therapy super bill note dated 06/05/2003
110. Status report dated 06/02/2003
111. Soap notes by MD dated 06/03/2003
112. Soap notes by MD dated 04/16/2003
113. Report of medical evaluation note dated 04/15/2003
114. Report of medical evaluation note by MD dated 04/15/2003
115. Related estimates note dated
116. Physical therapy supper bill note dated 04/07/2003 to 04/11/2003 Multiple Dates
117. Status report dated 04/02/2003
118. Soap note by MD dated 04/03/2003

Name: Patient\_Name

119. Physical therapy super bill note dated 03/28/2003 to 04/01/2003 Multiple Dates
120. Soap note by MD dated 03/27/2003
121. Status report dated 03/19/2003 and 03/26/2003
122. Soap note by MD dated 03/20/2003
123. Physical therapy supper bill note dated 02/20/2003 to 03/19/2003 Multiple Dates
124. Physical therapy evaluation note dated 02/20/2003
125. Status report dated 02/19/2003
126. Soap notes by MD dated 02/20/2003
127. Clinical note dated 06/25/2007
128. Graph note dated 06/25/2007
129. Clinical note by MD dated 12/23/2002
130. Radiology report by E MD dated 10/24/2002
131. Clinical note by MD dated 10/30/2002
132. Radiology report by MD dated 10/18/2002
133. Radiology report by MD dated 10/24/2002
134. Radiology report by MD dated 10/18/2002
135. Clinical note by MD dated 12/28/2001
136. Radiology report by dated 06/26/2000
137. Radiology report by dated 08/30/1999
138. Radiology report by dated 08/30/1999
139. Clinical note dated 06/25/2007
140. Clinical laboratories note dated 09/01/1999
141. Progress note dated 02/12/2003
142. Orthopaedic surgery note by MD dated 01/03/2003
143. Clinical note dated 10/29/2003
144. Follow up note by MD dated 10/23/2003
145. Clinical note by MD dated 10/14/2003
146. Clinical note by MD dated 08/24/2000
147. Unclear cardiology note dated 10/26/1999
148. Stress test report dated 09/22/1999
149. Patient assessment note dated 12/18/2002 and 02/11/2003
150. Clinical note by MD dated 10/29/2002
151. Patient assessment note dated 10/23/2002
152. Clinical note dated 06/25/2007
153. Allergy note dated 06/25/2007
154. History information note dated 08/19/1999 and 12/27/2000
155. Office visit note dated 12/28/2000 and 02/05/2002
156. Clinical note by MD dated 05/23/2001
157. Clinical note dated 05/23/2001
158. Clinical note by MD dated 05/30/2000
159. Clinical note by MD dated 04/05/2000
160. Clinical note by MD dated 03/29/2000
161. Clinical note by MD dated 03/01/2000
162. Clinical note by MD dated 02/10/2000
163. Clinical note by MD dated 02/09/2000
164. Clinical note by MD dated 12/20/1999
165. Clinical note by MD dated 09/02/1999
166. Clinical note by MD dated 08/20/1999
167. History and physical examination note by entes MD dated 08/19/1999
168. Clinical note dated 06/25/2007
169. Patient registration form dated 10/18/2003
170. Cumulative summary note dated 10/18/2003
171. Radiology report by dated 10/18/2003
172. Physician order sheet note dated 10/18/2003
173. Consent for treatment note dated 10/18/2003
174. Acknowledgment form dated 10/18/2003
175. Graph note dated 10/18/2003
176. Vital signs note dated 10/17/2003 and 10/18/2003
177. Clinical note dated 10/18/2003
178. Patient records dated 06/25/2007
179. Nursing records dated 10/18/2003

Name: Patient\_Name

180. History and physical worksheet note dated 10/18/2003
181. Patient forms dated 10/18/2003
182. Notice of privacy practice note dated 10/18/2003
183. System facility directory note dated 10/18/2003
184. Password identification form dated 10/18/2003
185. Signature sheet note dated 10/18/2003
186. Patient registration form dated 02/03/2000
187. Radiology report by W dated 02/03/2000
188. Clinical note dated 02/03/2000
189. Clinical note dated 02/03/2000
190. Insurance benefits note dated 02/03/2000
191. Consent for treatment note dated 02/03/2000
192. Condition note dated 02/03/2000
193. Patient records dated 02/03/2000
194. Clinical note dated 02/03/2000
195. Radiology report by MD dated 10/24/2002
196. Radiology report by MD dated 10/18/2002
197. Radiology report by dated 06/26/2000
198. Radiology report by dated 06/26/2000
199. Radiology report by dated 06/26/2000
200. Radiology report by dated 08/30/1999
201. Clinical note by MD dated 10/14/2003
202. Clinical note dated 06/25/2007
203. Clinical note by MD dated 09/24/2003

#### **INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This female slipped and fell. She tried to catch herself and in doing so injured her shoulder, arm, knee, and cervical spine area. There were no significant bony or neurological injuries. A MRI of the cervical spine was noted so show multilevel degenerative changes. A MRI of the thoracic spine was basically normal. She continued to have persistent nonspecific pain and was seen by multiple doctors over the first half year or so. She was then referred to a pain specialist Dr. on 12/9/2003 and seen in follow up on 1/15/2004, 2/5/2004, 3/17/2004, 4/15/2004, 4/13/2005, 6/2/2006, and 7/19/2006 in the office, sometimes receiving a cervical epidural steroid injection. On 8/3/2006, she received a cervical epidural steroid injection. She was seen again in the office on 8/18/2006 and 9/26/2006. On 10/27/2006 Dr. stated that the patient was having chronic shoulder, head, and neck pain. He stated that "her injury that occurred is most likely not the cause of her current pain and that she is having just degenerative changes that come along with age." The exam on that date did not include a documented exam of the neck, shoulder, or limbs. Ultram, Zanaflex and Skelaxin were prescribed. During this time she was being followed by her primary care physician.

The injured worker was next seen for an office visit on 2/14/2007. She was having neck, left arm, and shoulder pain. The nurse practitioner took a problem focused history. The examination was not focused on the problem areas. The impression was cervicalgia, cervical radiculitis, and shoulder pain. Medications were refilled and the plan was follow up as needed. She was next seen on 3/19/2007. The nurse practitioner took a problem focused history. The examination was not focused on the problem areas. The impression was cervicalgia, cervical radiculitis, and shoulder pain. Pain meds reportedly helped her condition. There was a note that the patient should be sent to PT as she was having a lot of stiffness and spasms to the neck that was worsening. Therapy was denied. Neither the 2/14/2007 or 3/19/2007 notes were cosigned by the attending provider.

At this time, the office visits on 2/14/2007 and 3/19/2007 are under review.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The injured worker was being followed by her primary care physician and the pain specialist clinic for chronic degenerative spinal disease and chronic nonfocal soft tissue complaints. The services, essentially, were duplicative. There were no new symptoms as of the spring of 2007. There was no medical necessity for the visits in the pain clinic based on the history or symptomatology. Notably, the examination performed by the nurse practitioner in the pain clinic was not focused on the areas of complaint. The only management performed at the pain clinic was refilling of the medications and referral to PT for palliative passive modalities, which was denied. This level of service could have been performed in the primary care office. The denial of CPT 99213 services on 2/14/2007 and 3/19/2007 is upheld.

Name: Patient\_Name

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

**X** ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

AMR Tracking Num: