



Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 5/3/10

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for CPT code 99213 (Office outpatient estimated 15 minutes) and 99080 (Special report or forms) for the treatment of right shoulder and neck.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Texas licensed orthopedic surgeon.

REVIEW OUTCOME:

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for CPT code 99213 (Office outpatient estimated 15 minutes) and 99080 (Special report or forms) for the treatment of right shoulder and neck.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Notice to of a Case Assignment dated 4/20/10.
- Company Request for IRO dated 4/19/10.
- Request Form dated 4/13/10.
- Adverse Determination Form dated 3/30/10, 3/9/10.
- Pre-Authorization Request Form dated 4/2/10, 3/22/10.
- History/Exam dated 12/18/09, 7/17/09.
- Medical Record Review dated 4/23/09.

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx

Gender: Male

Date of Injury: xx/xx/xx

Mechanism of Injury: Knocked down by a garbage truck.

Diagnosis: Sprained rotator cuff and cervical disk displacement

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

This xx male was injured on xx/xx/xx, when he was knocked down by a garbage truck. Neck and shoulder pain were reported. He was diagnosed with a sprained rotator cuff and cervical disk displacement and was working with restrictions. The records indicated the claimant underwent surgery in 2005. A cervical MRI, on 3/05/07, showed multilevel cervical spondylosis and spinal stenosis. Physical therapy was recommended for continued neck and shoulder pain. The 2007 records noted that the claimant was referred to pain management, cervical injections were performed, the shoulder was doing well, and the visit for lumbar pain diagnosed lumbar disk disease and post laminectomy syndrome. A review of 2008 records revealed more pain in the left shoulder with a diagnosis of rotator cuff sprain/ strain. A physician record, dated 2/24/09, noted the claimant had some occasional soreness and weakness in the shoulder but was functioning well.

Two additional office visit records of Dr., dated 07/17/09 and 12/18/09, were provided for review. The records noted the claimant had intermittent shoulder discomfort and weakness. Good shoulder motion and strength were noted on examination. Rotator cuff syndrome was diagnosed. The claimant was referred for possible surgical evaluation of the cervical spine.

The medical records offered for review were a 4/29/09 medical record review by Dr. as well as a 7/17/09 and 12/18/09 office visit of Dr.. These office visits of Dr. were short and described the claimant's complaints and some minimal physical findings. The 7/17/09 visit appeared to describe a home exercise program, and the 12/18/09 visit described home exercises and a trial of Flector patches for discomfort.

The question is whether or not there is medical necessity for ongoing treatment. First of all, it is not unreasonable for a patient to come back and see a treating practitioner if he has ongoing complaints. What bothered this reviewer was the fact that a 99213 charge had been made, yet the records provided, on 7/17/09 and 12/18/09, did not provide enough information to charge at that level. The 99213 charge would indicate a much higher level of service than was documented in these medical records. Plus, there was no documentation as to why a 99080 charge was placed, which is a charge for medical communication, such as insurance forms, more than the information conveyed in the usual medical communication or standard reporting form.

The ODG state that the use of follow-up office visits is necessary in a patient's care. The ODG specifically states, "Office visits - Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." Therefore, this physician does not really see much of a problem in terms of returning occasionally for an office visit. This reviewer's issue is the fact that the services provided did not rise to the level of 99213, nor was there any documentation as to why 99080 was charged, in addition to that visit. As noted, the coding for the aforementioned office visits are not recommended as medically necessary and appropriate. Therefore, the previous adverse determination is upheld.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
 - Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Shoulder – Office visits.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).