

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** April/20/2011

**IRO CASE #:**

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

Date of Service 12/20/2010; Service Code 99455

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Board Certified in Pain Management  
Board Certified in Electrodiagnostic Medicine

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

2/28/11, 1/28/11  
M.D. 12/7/10  
Imaging Center 5/7/10 to 9/10/10  
M.D., P.A. 2/20/10  
Physicians Orders and Plan of Care 6/29/10  
Workers Comp. 5/7/10 to 6/1/10  
ODG (Does not cover)

**PATIENT CLINICAL HISTORY SUMMARY**

This woman injured her right knee on xx/xx/xx while employed. X-Rays of the right knee from May 2010 were normal. MRIs of 6/4/10 and 9/10/10 both showed a medial collateral ligament tear/strain. She was treated with conservative care including physical therapy. She was determined to be at MMI on 12/7/10 by Dr. MD. On 12/9/10, a note says the patient "states had a rough night Tuesday and right now feels right knee stiff. Pt. states saw designated doctor on Tuesday." On 12/9/10, there is a request from San Benito Medical Associates, Inc., for authorization for a second opinion/consult and treatment. In a report of medical evaluation, Dr., the treating doctor, states he disagrees with the certifying doctor's certification of MMI. There is a question of a \$50 charge on 12/20/10 from Dr. for CPT code 99455 that has been denied by the insurance company.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

99455 is the CPT code for Examination for work-related or medical disability. According to

the Texas Administrative Code, the treating doctor (in this case, Dr.) is required to review the certification of MMI and assignment of IR performed by another doctor, as stated in the Act and commission Rules, Chapter 130 relating to Certification of Maximum Medical Improvement and Evaluation of Permanent Impairment by A Doctor Other Than The Treating Doctor. The treating doctor shall bill using the "Work related or medical disability examination by the treating physician..." CPT code with modifier "VR" to indicate a review of the report only, and shall be reimbursed \$50.00. The charge of \$50 on 12/20/10 from Dr. for CPT code 99455 was for the review he performed of the certification of MMI, as required by the TAC. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned. The reviewer finds medical necessity for Date of Service 12/20/2010; Service Code 99455.

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

ACOEM-AMERICA 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

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)