

MDR Tracking Number: M5-04-1252-01

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 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on January 8, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity is 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 the matters of medical necessity, CPT Code 99215 for date of service 02/14/03 **were found to be medically necessary**.

CPT Codes 99213, 97110, 97113, 97265, 97750-FC, 93799, 99215, and 99211 for dates of service 03/07/03 through 04/18/03 **were not found to be medically necessary**.

The respondent raised no other reasons for denying reimbursement for the medical necessity issues.

On March 2, 2004, 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.

- CPT Code 97110 for date of service 01/22/03 denied as "F". Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) the requestor did not submit relevant information that clearly delineated exclusive one-on-one treatment, nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement is not recommended.
- CPT Code 97113 for date of service 01/22/03 denied as "F". Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(10)(a) reimbursement in the amount of \$208 is recommended.
- CPT Code 99213 for date of service 02/21/03 denied as "F". Per the 1996 Medical Fee Guideline, Evaluation & Management Ground Rule (VI)(B) reimbursement in the amount of \$48.00 is recommended.

- CPT Code 97265 for date of service 02/21/03 denied as “F”. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) reimbursement in the amount of \$43.00 is recommended.
- CPT Code 99080-73 for date of service 04/18/03. The carrier denied CPT Code 99080-73 with a V for unnecessary medical treatment based on a peer review, however, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter and, therefore, reimbursement in the amount of \$15.00 is recommended.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 to dates of service **01/22/03** through **02/21/03** and **04/18/03** in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 9th day October 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS
3402 Vanshire Drive **Austin, Texas 78738**
Phone: 512-402-1400 **FAX: 512-402-1012**

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-04-1252-01
Name of Patient:	
Name of URA/Payer:	Southeast Health Services, Inc.
Name of Provider: (ER, Hospital, or Other Facility)	Southeast Health Services, Inc
Name of Physician: (Treating or Requesting)	James Syvrud, DC

February 25, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Rosalinda Lopez, Texas Workers Compensation Commission

CLINICAL HISTORY

Patient began care with Dr. Syvrud on 12/05/02 after an on-the-job motor vehicle accident on _____. After initial treatment phase, patient was re-examined on 01/07/03 for the purposes of rehabilitation and began rehabilitation care on 01/22/03.

REQUESTED SERVICE(S)

Office visits, therapeutic procedures, aquatic therapy, joint mobilization, physician performance testing, unlisted cardiovascular services from 01/22/03 through 04/18/03.

DECISION

All services from 01/22/03 through 02/27/03 are approved. All services subsequent to 02/27/03 are denied.

RATIONALE/BASIS FOR DECISION

Although the "Table of Disputed Services" only lists three dates of service from 01/22/03 through 02/27/03 as being in dispute, the physician actually treated the patient at least thirteen times during this 30-day time frame. Unquestionably, all of this care was medically indicated based on the physician's examination and treatment notes. Between the time when Dr. Syvrud examined the patient on 01/07/03 and when he re-examined her on 02/14/03, there was a marked improvement in her cervical and lumbar ranges of motion. Although Dr. Syvrud failed to record the patient's subjective response to care, that increase in ranges of motion, in and of itself, documents that the care was beneficial and therefore medically necessary during this time period.

George E. Medley, M.D. on 02/27/03, next evaluated the patient's cervical and lumbar ranges of motion. That examination failed to reveal any significant improvement from 02/14/03 thus indicating that additional care after 02/27/03 would not likely offer any further beneficial effect. That position is confirmed by the examination (FCE) performed by Randy Scroggins, D.C. on 04/24/03 documenting that the patient's lumbar ranges of motion had not materially improved since the 02/14/03 examination (lateral flexion was essentially the same with flexion and extension actually decreasing). While Dr. Syvrud states in his undated letter that "the patient continued to have restrictions in strength and also in range of motion" after 03/07/03, there is not one shred of documentation in the

medical records to support his statement since he never again objectively documented those factors.

Although TWCC statutes authorize care that relieves the effects of an injury, there is no documentation that any of the care after 02/27/03 did that. In fact, the patient's pain rating remained constant at "4" on each of the three times it was reported in the records thus documenting that all treatment after 02/27/03 had no material effect on the patient's symptoms.