

MDR Tracking Number: M5-04-1357-01

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 5-22-03.

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 was the only issue** to be resolved. CPT code 99213 from 10-03-02 through 3-17-03 **was found** to be medically necessary. CPT codes 97035, 97250, 97110, 97012 from 10-03-02 through 3-17-03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. The medical necessity services reimbursement totaled \$480.00.

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 totaling \$480.00 from 10-03-02 through 3-17-03 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 Decision and Order is hereby issued this 29th day of June 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

June 27, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-1357-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

According to the records received and reviewed, Ms. ___ was injured on ___ while working at an animal clinic as an assistant when a dog jumped on her causing her to fall down and injure her knee. The next day, Ms. ___ was seen by Dr. Jasmine who initiated care with her. After an MRI of the knee, she was recommended for knee surgery and post-operative therapy. She then transferred care to Dr. Penrod and underwent a therapy program under Dr. Penrod's direction. Later the patient transferred care to Dr. Al-Sahli in March of 2001.

Numerous treatment notes, diagnostic tests, staffing notes, evaluations, and other documentation were reviewed for this file. Specific records identified include but are not limited to the following:

Medical Dispute Resolution Paperwork
TWCC-60
Reports and Records from Dr. Al-Sahli
Reports from Downtown Plaza Imaging Center
Records from Dr. Elbaz
Impairment Rating by Dr. Al-Sahli on 11-30-01
Records from Dr. Saqer
Records from Dr. Ahmed
Forte Utilization Reviews
Report from Dr. Glen
DD Report from Dr. Raper
Operative Report from Dr. Ahmed
Notes from Dr. Wildermuth
Stat Care Documentation
Reports from Dr. Meltzer
EOB's from the Insurance Carrier
Letters from Flahive, Ogden & Latson

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of ultrasound 97035, myofascial release 97250, therapeutic exercises 97110, office visits 99213 and mechanical traction 97012 from 10-3-2002 through 3-17-2003.

DECISION

The reviewer disagrees with the previous adverse determination regarding office visits 99213 from 10-3-2002 through 3-17-2003. However, the reviewer agrees with the previous adverse determination regarding ultrasound 97035, myofascial release 97250, therapeutic exercises 97110 and mechanical traction 97012 from 10-3-2002 through 3-17-2003.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, Evidenced Based Medical Guidelines, Medicare Payment Policies, and Occupational Medicine Practice Guidelines. Also considered was the CPT codebook regarding description of services. In regards to the office visits, the treating doctor has the obligation to determine the medical status of a patient under his care and to evaluate the necessity for care and to administer care as medically necessary. These office visits would be necessary to evaluate Ms. ___ and make the appropriate management decisions.

In regards to the physical modalities rendered, there is inadequate documentation to substantiate the level of care rendered. The documentation is not specific enough in stating what services were performed. Simply stating that a service such as therapeutic exercises was performed without

actually describing the treatment rendered does not constitute adequate documentation. This reviewer cannot distinguish what procedures or treatments were rendered from the documentation other than the CPT code that was performed. It is apparent from the diagnostic reports and the consulting reports from other health care providers that Ms. ___ did sustain significant injuries to her knee, but she has also had a significant amount of care since her initial injury date in ___. It is unreasonable to assume that the same type of care administered years later would have any different effect. This is not to say that Ms. ___ does not need additional care, only that the care rendered would not significantly provide a lasting benefit to Ms. ___. Ms. ___ also exceeds the normative date for her injury according to the Medical Disability Advisor. It should also be noted that she was awarded an impairment rating to her knee and with the extent of her injury and the surgical procedures that she underwent, she may never completely heal or be well but the therapy given will also not alter her condition.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director