

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 February 18, 2004. Per Rule 133.308(e)(1) dates of service 01/03/03 through 01/31/03 were filed after the one-year filing deadline and are not considered timely. Therefore, these dates of service can not be reviewed.

The IRO reviewed CPT Codes 99214, 99213-MP, 99358, 97110, 97139, 97250, 97265, 99371, and 99455-RP for dates of service 02/18/03 through 07/21/03 that was denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

The office visits and office visits with manipulations and therapeutic exercises during the period of 02/18/03 through 07/21/03 **were** found to be medically necessary. All other services in dispute, including prolong service w/o contact, unlisted modalities, joint mobilization, myofascial release, physician phone consultation, and review of the report during the same period in question **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for CPT Codes 99214, 99213-MP, 99358, 97110, 97139, 97250, 97265, 99371, and 99455-RP.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

On September 27, 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 99214 for date of service 02/18/03 denied as "N". Per Rule 133.307(g)(3)(B) the requestor has not submitted pertinent medical

records to support the services were rendered as billed. Reimbursement is not recommended.

- **CPT Code 99080 for date of service 06/18/03 denied as “F, 05 – The value of the procedure is included in the value of another procedure performed on this date.” Per Rules 133.304(c) the carrier did not specify which service this was global to, therefore it will be reviewed according to Commission Rules. Per Rule 133.307(g)(3)(B) the requestor did not submit relevant documentation and it is unclear what type of report/copies the healthcare provider is billing. Reimbursement is not 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 02/27/03 through 07/03/03 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 30<sup>th</sup> day of September, 2004

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf  
Enclosure: IRO decision

May 13, 2004

Rosalinda Lopez  
Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

**REVISED REPORT**  
**Corrected dates of service in dispute.**

Re: Medical Dispute Resolution  
MDR #: M5-04-1766-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.:

Dear Ms. Lopez:

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine who is currently on the TWCC Approved Doctor List.

### **REVIEWER'S REPORT**

#### **Information Provided for Review:**

TWCC-60, Table of Disputed Services & EOB's

Designated doctor evaluations, carrier correspondence, and other evaluations from 03/02 through 07/03.

H&P and office notes 02/02 through 10/03.

Chiropractic notes 01/03 through 07/03.

Nerve conduction study 08/09/02, FCE's 01/15/03, 05/22/03 & 07/24/03.

MRI of thoracic spine & left shoulder 03/22/02, X-ray spine 01/09/03, and MRI of lumbar spine 03/25/02.

#### **Clinical History:**

The patient was injured on \_\_\_ while working. Over the course of treatment, the patient was seen by several doctors and received an intensive treatment program. Initial evaluation and an extensive treatment program was begun. Over the course of time, initial diagnostic testing in the form of MRI and electrodiagnostic testing were performed. He requested a change of treating doctors from the TWCC, and it was granted.

On January 3, 2003, he was evaluated by some new treating physicians. An aggressive treatment program was begun. Over the course of the treatment, the patient received passive, as well as active therapy, with a progression into a work-hardening program.

Functional capacity evaluations were performed to monitor his progress. He was referred to a specialist who indicated a need for injections; however, the patient refused this intervention. Over the course of this patient's treatment, he received several designated doctor evaluations.

**Disputed Services:**

Level III office visit, Level III office visit with manipulation, prolonged service w/o contact, therapeutic exercises, unlisted modality, joint mobilization, myofascial release, physician phone consultation and review of report during the period of 02/18/03 through 07/21/03.

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier. The Level III office visit and Level III office visit with manipulation, and therapeutic exercise during the period of 02/18/03 through 07/21/03 were medically necessary. All other services in dispute, including prolonged service w/o contact, unlisted modalities, joint mobilization, myofascial release, physician phone consultation, and review of report during the same period in question were not medically necessary in this case.

**Rationale:**

National Treatment Guidelines allow for this type of treatment with these types of injuries; however, not to the extent and magnitude this patient has received. There are no National Treatment Guidelines that allow for passive therapy 1 year post-injury date. There are guidelines that allow for office visits and active therapy on an ongoing basis for an extended period of time.

Sincerely,