

MDR Tracking Number: M5-04-2056-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-8-04.

In accordance with Rule 133.308 (e), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The following date of service is not timely and is not eligible for this review: 1-31-03.

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 \$650.00** 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.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The office visits, therapeutic procedures, therapeutic activities, educational supplies, work related evaluation, training in activities of daily living and analysis of computer data from 3-17-03 through 4-4-03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute 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 6-8-04 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 codes 99212, 97530, 97540, 99090 and 99213 for dates of service 4-7-03 through 6-16-03 were denied by the Insurance Carrier with a denial code of "N". The requestor did submit additional information to show that these services were provided. Recommend reimbursement as follows:

CPT code 99212 – \$32.00 (MAR x 11) = \$352.00
CPT code 97530 - \$35.00 (MAR x 22) = \$770.00
CPT code 97540 - \$32.00 (MAR x 9) = \$288.00

CPT code 99090 - \$108.00 (MAR x 4) = \$432.00
CPT code 99213 - \$48.00 (MAR x 2) = \$96.00

Regarding CPT code 97110 for all dates of service: Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. **Additional reimbursement not recommended.**

Work hardening (CPT code 97545) was preauthorized for this injured worker. CPT code 97545 on 5-13-03 was denied with an "N" denial code. The SOAP notes detail that the patient "only stayed for one hour and left." **Recommend reimbursement according to 96 Medical Fee Guidelines for one hour - \$64.00.**

CPT code 99213 for 5-16-03 and 6-16-03 was denied with an "N" for not documented. The requester submitted relevant information to support the level of service billed. **Recommend reimbursement according to the 96 MFG of \$96.00.**

The carrier denied CPT Code 99080-73 on 5-16-03 with a U for unnecessary medical treatment, 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, recommends reimbursement. Requester submitted relevant information to support delivery of service. Per 134.1(c) **recommend reimbursement of CPT Code 99080-73 for \$15.00.**

Neither party submitted EOB's for CPT code 99455 on 6-3-03. A review of the file shows that there was no HCFA submitted for this service. **Recommend no reimbursement.**

CPT code 99455 on 6-12-03 was denied with a U for unnecessary medical treatment, however, the 99455 is not subject to an IRO review. Review of the file indicates that this service was provided by the requester. According to the 1996 MFG Evaluation and Management Ground Rules fthe doctor shall bill code 99455-RP using the "Work related or medical disability examination by the treating physician" CPT code to indicate that this action was a review of the report only, and shall be reimbursed \$50.00. **Recommend reimbursement of \$50.00.**

This Finding and Decision is hereby issued this 4th day of November, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

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 1-30-03 through 6-16-03 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 Order is hereby issued this 4th day of November 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

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NOTICE OF INDEPENDENT REVIEW DECISION

May 14, 2004

Re: IRO Case # M5-04-2056

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of

the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who is a fellowship-trained hand surgeon, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits, Explanation of review
3. TWCC-69 Report of medical evaluation 5/20/03,6/9/03
4. Employers first report of injury ____
5. Prescription 3/21/03
6. Physician's notes 2/20/03
7. Operative reports 1/16/03, 3/4/03
8. Pain center examination, S.O.A.P., progress and visit notes
9. Muscle test / ROM report 3/26/03
10. Initial medical report 1/31/03
11. Subsequent medical report 4/30/03
12. Carrier response to IRO request for records, including medical records

History

The patient amputated the tip of his right middle finger on _____. He was taken to the ER, where the finger tip amputation was revised by taking off the nail plate, shortening the distal phalanx and ablating the germinal matrix. The patient continued to have pain with the very short distal phalanx, and this was revised on 3/9/03 with another operation with amputation through the DIP joint level. During the course of surgeries, the patient underwent physical therapy, including work hardening.

Requested Service(s)

Office visits, therapeutic procedures, therapeutic activities, educational supplies, work related evaluation, and training in activities of daily living 3/17/03 – 4/4/03

Decision

I disagree with the carrier's decision to deny the requested services.

Rationale

The patient had a very short distal phalanx amputation. Such an amputation usually does not do well, and this one required revision. The period in this dispute is the period immediately after the patient's second, more appropriate revision amputation. The services in this dispute are appropriate after this type of surgery. There is no evidence that the patient's treatment during this period was excessive. The records indicate that the services 3/17/03 – 4/4/03 were medically necessary and appropriate.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.
