

MDR Tracking Number: M5-04-2334-01

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, 133.307 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. This dispute was received on 03-29-04.

The IRO reviewed neuromuscular stimulator and office visits rendered from 04-08-03 and 04-09-03 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

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. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 05-25-04, 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 code 97750-MT date of service 04-14-03 denied with denial code "G" (global). The carrier was not specific in identifying which code 97750-MT was global to. Reimbursement per the 96 Medical Fee Guideline MEDICINE GR I (E)(3) in the amount of \$129.00 is recommended.

CPT code 99213 for dates of service 04-16-03, 04-18-03 and 04-23-03 denied with denial code "N". The requestor did not submit documentation for the dates of service in dispute. No reimbursement is recommended.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 04-16-03, 04-18-03 and 04-23-03 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 Findings and Decision and Order are hereby issued this 28th day of October 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

May 10, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient: _____
TWCC #: _____
MDR Tracking #: M5-04-2334-01
IRO #: 5251

Ziroc 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 Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc 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 Ziroc 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

It is noted that this patient sustained an acute traumatic work-related injury on ___ while playing basketball. He is a firefighter, and he apparently sustained a dislocation to his right shoulder. He

was initially taken and seen at a local hospital. Approximately one week later he followed up at the ____.

DISPUTED SERVICES

Under dispute is the medical necessity of a neuromuscular stimulator and office visits.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The documentation does denote that this patient was given a neuromuscular stimulator on his first visit but does not give any clinical documentation as to the medical necessity of the unit. There was no clinically justification or indication for the unit, especially on the first visit. The clinical applications for NMS are 1) treatment of disuse atrophy; 2) increase and maintenance of range of motion – in spastic or contracture limitations; 3) muscle re-education and facilitation; 4) spasticity management; 5) orthotic substitution; and 6) augmentation of motor recruitment in healthy muscle. None of these indications was noted as being medically necessary or applied in this case.

The next areas of concern are the office visits. It is obviously appropriate to use a new patient code on the initial encounter, as was the case here. The question now would be, does the level of service that was performed meet the criteria of the code that was used? On 04/08/03, the provider used a 99204 for this particular case. This code denotes a moderate to high severity with a prognosis indicating an uncertain outcome and /or increased probability (moderate) or high probability of severe, prolonged functional impairment. Morbidity is rated at moderate to extreme and a mortality of moderate to high. These are highly unlikely, considering this patient's diagnosis.

The next issues have to do with the three key components – history, physical exam and decision-making. A 99204 has a chief complaint, extended history of present illness, a complete review of systems and a complete past history, family history and social history. This claim only documents a chief complaint, an extended history of the present illness, a small and brief review of systems and a past history with no family or social history. Therefore, in history he did not meet the requirements to justify the use of the 99204 code. As for the exam, it should be a complete single-system or specialty exam or a complete multi-system exam. The doctor did perform a fair single-system exam of the shoulder and some other unrelated areas. Therefore, in exam he did meet the requirements to justify the use of 99204. With regards to decision-making, he did not meet the minimum two of three areas to justify the use of 99204. A 99204 has a moderately complex level of decision-making. This includes multiple diagnoses/management options, moderate review/analysis: amount/complexity and a moderate risk of complications (mortality/morbidity). Therefore, based on all these factors, at best the most appropriate level of new patient service in this case would have been a 99202.

The office visit code used on 04/09/03 was 99213. It is appropriate to use an established patient code on subsequent visits, however, the documentation does not support this level of service. It did not meet any of the three key components. At best, a 99212 would have been more appropriate.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

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

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,