

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 03/31/04.

The IRO reviewed CPT Codes 99215, 99214, 99213, 99213-MP, 20550, 97750-FC, 97110, 97124, J3490, 97139, 97250, 97035, 97014-G0283, 97010, and 98925 that was denied based upon "V".

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.

CPT Codes 20550, 97250, 97035, 97014, 97010, 97110, 98925, 97124, 97750-FC, and HCPCS Code J3490, **were** found to be medically necessary. CPT Codes 99213-MP, 97139-ME, 99213, 99214, and 99215 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for CPT Codes 99215, 99214, 99213, 99213-MP, 20550, 97750-FC, 97110, 97124, J3490, 97139, 97250, 97035, 97014-G0283, 97010, and 98925.

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 August 31, 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 97035 for date of service 04/24/03 denied as "D – Duplicate". Per Rule 133.307(e)(2)(B) the requestor submitted a HCFA-1500 which indicates this code was billed only once for this date of service. Reimbursement in the amount of \$22.00 is recommended.
- CPT Code 99080-73 for dates of service 05/14/03 and 07/09/03 denied as "V – unnecessary medical with a peer review". Per Rule 129.5 the TWCC-73 is a required form; therefore, per Rule 133.106(f) reimbursement in the amount of \$30.00 (\$15.00 x 2) is recommended.

This Decision is hereby issued this 24th day of January, 2005.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf

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 04/14/03 through 08/22/03 in this dispute.

This Order is hereby issued this 24th day of January 2005.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/mf

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NOTICE OF INDEPENDENT REVIEW DECISION

August 26, 2004

Re: IRO Case # M5-04-2386 amended 9/10/04, 11/3/04, 1/20/05

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, Rule133.308 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 Physical medicine and Rehabilitation, 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
3. MD evaluation 3/20/03
4. IMEs 12/13/02, 7/23/02
5. M.D. reviews 1/5/04, 6/10/03, 12/13/02
6. D.C. review 7/3/02
7. MRI report cervical spine 6/19/02
8. X-ray reports cervical and thoracic spine 6/3/02
9. D.C. clinical notes 5/30/02 – 8/26/03
10. M.D. notes 5/30/02 – 8/21/03
11. D.O. notes 6/25/02 – 8/13/03
12. PT notes 5/31/02 – 8/21/03
13. Profile and biofeedback plan 9/9/02
14. Biofeedback session reports 9/30/02 – 11/4/02
15. Counseling evaluation and treatment plan 4/24/03
16. Counseling progress notes 5/14/03 – 6/19/03
17. FCE 8/22/03

History

The patient is a 29-year-old female who was injured in ___ when she was pushing a heavy cart and felt pain in her neck and upper back. She presented to a D.C. on 5/30/02. She was started in physical therapy, which lasted until 8/21/03. She was also referred to an M.D. for medication management. X-rays and an MRI were normal. On 6/25/02 the patient was referred to a D.O. and underwent a series of three sets of trigger point injections with good results. The patient also was treated with biofeedback and individual counseling.

Requested Service(s)

OV with manipulation, TENDON SHEATH/TRIGGER, FUNC CAP EVAL, THER EXER, MAS THER, UNCLASS DRUGS, UNLISTED THER PROC, MYOFAS REL, ULTRASOUND, ELEC STIM UNATTEND, HOT/COLD PACK THER, OMT –1-2 BOD AREA

4/14/03 – 8/22/03

Decision

I disagree with the carrier's decision to deny the requested services, except for codes 99213MP, 97139 ME and chiropractic office visits.

I agree with the decision to deny codes 99213MP, 97139 ME and chiropractic office visits.

Rationale

The patient received one set of trigger point injections which gave her 50% relief of pain. She continued to have mild fascial pain at trigger points. The second set of trigger point injections gave her 70% reduction of pain. A third set gave her reportedly a 90% decrease in pain. Therapeutic exercises and modalities were a necessary adjunct to the trigger point injections to help treat myofascial pain and trigger points. The patient was seen for follow up in August 2003 and it was reported that she was virtually asymptomatic. The treatment was medically necessary and successful.

The disputed chiropractic services were rendered almost a year after the initial injury. Chiropractic treatment would not be medically necessary beyond the initial several weeks following such an injury.

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

Daniel Y. Chin, for GP