

MDR Tracking Number: M5-04-2421-01

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 4-2-04.

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.

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

The chiropractic manipulative treatment-spinal, application of modality, hot-cold pack therapy, analyze clinical data, office visits, prolonged evaluation, short-latency somatosensory study in upper limbs, short-latency somatosensory study in trunk or head, ultrasound-pelvis and ultrasound-extremity from 9-27-03 through 1-29-04 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 6-29-04 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.

The carrier denied CPT Code 99080 for date of service 1-22-04 with an F and G – “the procedure is included in another procedure performed on this date.” Per rule 133.304 (c) Carrier didn't specify which service this was global to, therefore it will be reviewed according to the Medical Fee Schedule. **Recommend reimbursement of \$90.00.**

The carrier denied CPT Code 99080-73 for dates of service 11-20-03, 12-17-03, 1-15-04 with an F and TD code (The TWCC 73 was not properly completed or was submitted in excess of the filing requirements.) However, the TWCC-73 is a required report. The TWCC 73's were not provided, however they are not necessary unless the carrier denies with an "N" denial code. **Recommend reimbursement of \$45.00. (\$15.00 x 3).**

The carrier denied CPT Code 99080-73 for dates of service 9-23-04, with an N – "Documentation submitted does not substantiate the service." The requester did not submit a copy of the TWCC-73 report in accordance with Rule 129.5. **Recommend no reimbursement.**

The carrier denied CPT Code 99358 for date of service 10-06-03 with an "F" and states on the EOB, "review of record is inclusive in the scope of practice of the treating doctor." According to Ingenix Encoder Pro, this CPT code is an "add-on code and must be used in conjunction with other physician services." No other services were billed on this date of service. Therefore, **no reimbursement is recommended.**

The carrier denied CPT Code 96002 for date of service 10-08-03 with a Y and a JM – The code and/or modifier billed is invalid. CPT code 96002 is a valid code per the Medicare Fee Schedule. **Recommend reimbursement according to Medicare Fee Guidelines of \$27.73. (\$22.19 x 125%).**

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202(c); 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 9-25-03 through 1-29-04 as outlined above 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 18th day of November, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

June 3, 2004

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

Re: Medical Dispute Resolution
MDR #: M5-04-2421-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: 5055

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 and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor: office notes, chiropractic treatment notes, nerve conduction study, electrodiagnostic study, radiology reports and designated doctor exam.

Clinical History:

The records indicate the patient was injured on the job on ____. She states she felt immediate sharp pain, and reported this to her supervisor.

She was seen on 3/19/03 and an extensive evaluation was performed with recommended treatment program to began utilizing medication therapy and progress to injections. Additional diagnostic testing was performed in the form of MRI as well as

electrodiagnostic testing. The results were sufficiently positive, which confirms her injuries and assisted the doctor in formulating an appropriate treatment plan.

Over the course of treatment, the patient did not respond as she had anticipated, and therefore sought care with another facility. The records indicate that on 9/4/03, she was evaluated by a chiropractor, and a series of specific chiropractic manipulative procedures and physical modalities was recommended. In addition, the new doctor ordered additional diagnostic testing to confirm this patient's injuries.

Disputed Services:

Chiropractic man. treatment-spinal, application of modality, hot/cold pack therapy, analyze clinical data, office visits, prolonged evaluation, short-latency somatosensory study in upper limbs, short-latency somatosensory study in trunk or head, ultrasound-pelvic and ultrasound-extremity during the period of 09/27/03 through 01/29/04. (Excluding required reports on 09/23, 11/20, 12/17/2003, 01/15, 01/22/2004. Dates of service not reviewed: 10/06, 10/08/2003. Reviewed only two units of short-latency somatosensory study in upper limbs and five units in trunk or head on 10/24/03.)

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were medically necessary in this case.

Rationale:

National Treatment Guidelines allow for this type of treatment for this type of injury. The fact that the patient was extremely overweight was a definite factor in her slow recovery. The records indicate the patient received care in a very conservative fashion, and the doctor was able to assist the patient with relief of her symptoms utilizing chiropractic care.

In conclusion, there is sufficient documentation provided in the records to clinically justify all denied services from the period of 9/25/03 through 1/29/04. In fact, these denied services were, in fact, reasonable, usual, customary, and medically necessary for the treatment of this patient's on the job injury.

Sincerely,