

MDR Tracking Number: M5-04-2541-01

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 04-13-04.

The IRO reviewed therapeutic exercises and ultrasound therapy rendered from 07-07-03 through 07-22-03 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 **majority** of issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

The IRO determined that the ultrasound therapy **was** medically necessary. The IRO determined that the therapeutic exercises **were not** medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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

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 09-28-04, 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 99205 date of service 04-30-03 denied with N denial code. The requestor did not submit relevant information to meet documentation criteria. No reimbursement recommended.

CPT code 95851 date of service 04-30-03 denied with G denial code. Per Rule 133.304(c) the respondent is not specific as to what service code 95851 is global to. Reimbursement in the amount of \$36.00 is recommended per 96 MFG MEDICINE GR(1)(E)(4).

CPT code 99080-61 date of service 04-30-03 denied with F denial code. Per 96 MFG GI GR III and IV reimbursement in the amount of \$20.00 is recommended.

CPT code 99070 date of service 05-02-03 denied with N denial code. The requestor did not submit

relevant information to meet documentation criteria. No reimbursement recommended.

CPT code 97750-MT date of service 05-09-03 denied with F denial code. Per 96 MFG MEDICINE GR(I)(E(3) reimbursement is in the amount of \$43.00 per unit or \$86.00 as two (2) units were billed. The requestor however only disputed \$72.00. Reimbursement in the amount of \$72.00 is recommended.

CPT code 97265 dates of service 05-16-03, 05-21-03 and 05-22-03 denied with G denial code. Per Rule 133.304(c) the respondent is not specific as to what service code 97265 is global to. Reimbursement in the amount of \$129.00 (\$43.00 X 3 DOS) is recommended per 96 MFG MEDICINE GR(I)(9)(c).

CPT code 95925 date of service 06-11-03 denied with denial code N. The requestor did not submit relevant information to meet documentation criteria. No reimbursement 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 04-30-03 through 07-22-03 in this dispute.

This Findings and Decision and Order are hereby issued this 7th day of October 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

Ph. 512/248-9020
IRO Certificate #4599

Fax 512/491-5145

NOTICE OF INDEPENDENT REVIEW DECISION

September 15, 2004

Re: IRO Case # M5-04-2541

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. M.D. clinical records 5/30/03 – 5/18/04, Left knee x-ray report 4/21/04
4. Report 1/20/04
5. History and physical 4/21/04
6. Operative reports 4/21/04, 6/16/03
7. Discharge reports 4/22/04, 6/16/03
8. EMG/NCS report 6/11/03
9. D.C. office notes 4/30/03 – 7/22/03

History

The patient is a 37-year-old female who in ___ injured her knee while attempting to break up a fight between two students. She initially saw a physician who ordered an MRI and prescribed medications. The patient underwent eight weeks of physical therapy. The patient was then evaluated by her treating D.C. on 4/30/03 and was started on chiropractic treatment. She eventually underwent surgery on 6/16/03, and was cleared to begin physical therapy on 6/25/03. She started post surgical rehabilitation on 6/27/03.

Requested Service(s)

Ther exer, ultrasound 7/7/03 – 7/22/03

Decision

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

I agree with the decision to deny the requested therapeutic exercises

Rationale

On 7/7/03 and 7/22/03 eight units of therapeutic exercises were billed, representing two hours of 1:1 physical therapy. Three units were reimbursed for 7/7/03, and five units were reimbursed for 7/22/03. The reimbursed units are a reasonable amount of hands on therapeutic exercises in the immediate post operative period.

The patient had eight weeks of physical therapy exercises. She was then treated extensively by her treating D.C. with more therapeutic exercises. The additional units of therapeutic exercises on the disputed dates was not medically necessary, based on the records provided for this review.

Ultrasound is helpful in the post operative period in encouraging regional blood flow and enhancing metabolic product transport. It is particularly helpful just prior to therapeutic exercises.
