

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 April 13, 2004.

The IRO reviewed therapeutic exercises (97110), myofascial release (97250), group therapeutic procedures (97150), office visits (99213) and joint mobilization (97265) that were denied based upon "U".

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

The therapeutic exercises and joint mobilization for dates of service 07/09/03 through 07/30/03 **were** found to be medically necessary. The therapeutic exercises for dates of service 05/02/03 through 06/09/03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the services listed above.

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 July 30, 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 97265 for dates of service 05/29/03 through 06/04/03 were denied as "G – Unbundling". Per the 1996 Medical Fee Guideline, joint mobilization is not global to any other procedure. Per Rule 133.307(e)(2)(A) the requestor did not submit the medical bills as originally submitted to the carrier; therefore, a Medical Review cannot determine if services were rendered as billed. Reimbursement is not recommended.
- CPT Code 97150 for date of service 05/29/03 denied as "F, 85 – The procedure exceeds the maximum fee schedule payment for value and or time on a single date of service." Per Rule 133.307(e)(2)(A) the requestor did not submit the medical bills as originally submitted to the carrier; therefore, a Medical Review cannot determine if services were rendered as billed. Reimbursement is not recommended.

- CPT Code 95900 for date of service 06/11/03 denied as “N – Not documented”. Per Rules 133.307(e)(2)(A) and 133.307(g)(3)(B) requestor did not submit the medical bills as originally submitted to the carrier or relevant information (test results) to support services were rendered as billed. Reimbursement in not recommended.
- CPT Code 95904 for date of service 06/11/03 denied as “N – Not documented”. Per Rules 133.307(e)(2)(A) and 133.307(g)(3)(B) requestor did not submit the medical bills as originally submitted to the carrier or relevant information (test results) to support services were rendered as billed. Reimbursement in not recommended.

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 07/09/03 through 07/30/03 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 Decision and Order is hereby issued this 30th day of September, 2004

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf  
Enclosure: IRO decision

July 22, 2004  
**Amended July 28, 2004**

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

Patient:  
TWCC #:  
MDR Tracking #: M5-04-2546-01  
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

This patient was injured on the job when she was attempting to control an inmate that had become unruly and the inmate fell on her left knee. Records indicate that a MRI was performed on the knee and that meniscal tears were present, but the records presented do not include a copy of the MRI report. The patient began treatment with Dr. Cody Doyle for pain in her knee and was referred to Juan Capello, MD, for evaluation. He recommended arthroscopic surgery to the knee. It is unclear from the available records as to whether the surgery actually was performed. However, Dr. Doyle's records indicate that he was attempting intensive physical medicine in order to avoid the surgical procedure that was planned. The records indicate that a lumbar radiculopathy and tarsal tunnel syndrome were diagnosed during electrodiagnostic studies.

#### DISPUTED SERVICES

The carrier has denied the medical necessity of therapeutic exercises for dates of service May 29, 2003 and June 3<sup>rd</sup> and 4<sup>th</sup> of 2003. The carrier also denied office visits, myofascial release, joint mobilization and group therapeutic procedures from May 2, 2003 through July 30, 2003.

#### DECISION

The reviewer agrees with the prior adverse determination for dates prior to July 9, 2003. For July 9 through July 30, 2003, the reviewer disagrees with the prior determination.

#### BASIS FOR THE DECISION

The patient did not seem to be responding to the active treatment rendered by the treating doctor. The care does not seem to have had an effect and by the time of the disputed dates of service, it

became clear that the treating doctor's own referral source had recommended that the only course of intervention that would reasonably be expected to improve the patient's condition was the surgical option. The surgery was performed on June 16, 2003 and this would indicate that the dates of service in question should not have been performed, especially considering the knowledge that this patient was not going to get better with this treatment. The treatment rendered after the surgical intervention was begun on July 9, 2003 and it consisted of active treatment, which is reasonable and necessary in this case, due to the post-surgical nature of the patient's knee. With reference to the passive treatment, joint mobilization is not a reasonable treatment option for a person with a torn meniscus and the patient clearly was not responsive to the myofascial release.

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,

Nan Cunningham  
President/CEO

CC: Ziroc Medical Director