

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 29, 2004. Per Rule 133.308(e)(1) date of service 04/28/03 is outside the 365-day timeframe for timely submission and cannot be reviewed.

The IRO reviewed office visits, group therapy, ultrasound, massage therapy, electrical stimulation, and neuromuscular re-education for dates of service 06/27/03 through 02/12/04 that was 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 office visits for dates of service 06/27/03 through 02/12/04 **were** found to be medically necessary. The group therapy, ultrasound, massage therapy, electrical stimulation and neuromuscular re-education for dates of service 06/27/03 through 02/12/04 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for office visits, group therapy, ultrasound, massage therapy, electrical stimulation, and neuromuscular re-education.

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 9, 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 97124 (14) for dates of service 04/30/03 through 06/17/03 denied as "G". Under the 1996 Medical Fee Guideline, this code is not considered a global code; therefore, reimbursement in the amount of \$392.00 (\$28.00 x 14) is recommended.
- CPT Code 99212 for dates of service 10/10/03 and 10/31/03 denied as "C". The carrier has not submitted convincing evidence that the health care provider is under a contract. Per 413.016 of the Texas Labor Code and Rule 134.202(c)(1) additional reimbursement in the amount of \$6.40 (\$32.00 x 2 = \$64.00 - \$57.60, amount carrier has paid) is recommended.

- CPT code 97035 for date of service 10/10/03 denied as “C”. The carrier has not submitted convincing evidence that the health care provider is under a contract. Per 413.016 of the Texas Labor Code and Rule 134.202(c)(1) additional reimbursement in the amount of \$1.43 (\$14.21 - \$12.78, amount carrier has paid) is recommended.
- CPT Code 97124 for date of service 10/10/03 denied as “C”. The carrier has not submitted convincing evidence that the health care provider is under a contract. Per 413.016 of the Texas Labor Code and Rule 134.202(c)(1) additional reimbursement in the amount of \$2.57 (\$25.70 - \$23.13, amount carrier has paid) is recommended.
- CPT Code 97032 for date of service 10/10/03 denied as “C”. The carrier has not submitted convincing evidence that the health care provider is under a contract. Per 413.016 of the Texas Labor Code and Rule 134.202(c)(1) additional reimbursement in the amount of \$1.89 (\$18.83 - \$16.94, amount carrier has paid) is recommended.
- CPT Code 99080-73 for date of service 02/10/04 denied as “F, TK – Rule 133.1 requires the submission of legible supporting documentation, therefore, reimbursement is denied.” Per Rule 133.307(g)(3)(B) the requestor did not submit the TWCC-73 to support services were rendered as billed. Reimbursement is 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 04/30/03 through 02/12/04 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 Order is hereby issued this 29th day of October, 2004

Marguerite Foster
 Medical Dispute Resolution Officer
 Medical Review Division

MF/mf
 Enclosure: IRO decision

July 6, 2004
Amended October 21, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-2779-01
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

___ was injured while working for a staffing agency, assigned to a job which required him to transport and stack paper rolls. In the process of lifting and stacking these rolls he suffered injury to his left arm/wrist/hand.

DISPUTED SERVICES

The carrier is disputing medical necessity of level II office visit, group therapy, ultrasound, massage therapy, electrical stimulation and neuromuscular re-education from 6/27/03 through 2/12/04.

DECISION

The reviewer agrees with the prior adverse determination regarding passive modalities of ultrasound & electrical, group therapy, massage therapy and neuromuscular re-education.

The reviewer disagrees with the prior adverse determination regarding the level II office visit.

BASIS FOR THE DECISION

It may be that treatment was necessary in this case, however, documentation of procedures was lacking. It does appear that a level II office visit was necessary, as the provider has the obligation to follow-up and evaluate the patient on a regular basis.

Passive modalities are not indicated past the first 6 weeks of care and are therefore not deemed to be necessary more than 3 months after the date of injury.

Group therapy may have been performed, but the Ziroc reviewer found no documentation in the records provided on what types of activities were performed, or the extent & duration of the activities, the number of participants in the group, or who conducted the sessions.

Neuromuscular re-education was not sufficiently documented. The notes should indicate on which muscles this procedure was performed, the length of time performed, and the outcome of the procedure. This information was not provided and therefore payment is not recommended.

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