

MDR Tracking Number: M5-04-3602-01

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 06/24/04.

The IRO reviewed therapeutic exercises and office visit rendered from 09/29/03 through 11/14/03 that was denied based upon "U".

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.

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 August 25, 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 97110 (8 units total), for dates of service 09/17/03 and 09/19/03. Consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light of the Commission requirements for proper documentation. The MRD declines to order payment as the requestor did not submit relevant information that clearly delineates exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended.
- CPT Code 97750-FC (16 units), for date of service 10/28/03 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 relevant information to support the services were rendered as billed. Reimbursement is not recommended.

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 is hereby issued this 9th day October 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf

### **ORDER**

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 09/29/03 through 10/29/04 and 10/31/03 through 11/14/03 in this dispute.

This Order is hereby issued this 9th day of October 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/mf  
Enclosure: IRO Decision

08/20/2004

David Martinez  
TWCC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient:  
TWCC #:  
MDR Tracking #:M5-04-3602-01  
IRO #: 5284

Specialty IRO 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 Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Chiropractor. The Specialty IRO 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 Specialty IRO 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 on \_\_\_ while working for \_\_\_ when an object fell from height striking him in the head. He was knocked unconscious for a period of 10-20 minutes according to the medical records. He was transported to the hospital via medical helicopter. He measures 5'7" and weighs 156 lbs. He presented to the offices of Cameron Jackson, DC on 8/2/03. An MRI of the cervical spine was performed on 8/5/03 indicating a flattened C-lordosis, DDD from C3-C6, uncovertebral DJD with IVF encroachment at C5/6 and a disk bulge at C5. A brain MRI was performed on 8/26/03 with normal variants being found by the radiologist. A note in the file dated 9/16/03 indicates the patient 'had a good but limited response to passive treatment and is being referred for active therapy 4 weeks x 3 X/ week.' The patient was found to be at MMI by Margit Winstrom, MD, designated doctor, on 10/15/03. The patient was dismissed from a work hardening program for non compliance.

#### DISPUTED SERVICES

Disputed services include therapeutic exercises and level III office visits from 9/29/03 through 11/14/03.

#### DECISION

The reviewer disagrees with the previous adverse determination.

#### BASIS FOR THE DECISION

The reviewer indicates that based upon the examination and reexamination findings the patient continued to increase in range of motion and strength during the contested period. Evidence

based medical guidelines indicate that active therapeutic exercises are appropriate for the treatment of acute and chronic neck pain (12 weeks or greater). The timeframe of the treatment falls on the cusp between acute and chronic pain. The office visit (99213) is appropriate to ascertain the progress of the patient in the rehabilitative program. The reviewer notes that the patient was placed at MMI by the designated doctor; however, the reviewer states that TLC 408.021 indicates that treatment is medically necessary if it 1) cures or relieves the effects, 2) promotes recovery or 3) enhances the ability to work/return to work and in the opinion of the reviewer these conditions of the Labor Code were met in this case.

References:

Taimela S, Takala EP, Aklof T, Seppala K, Parvianinen S, Active treatment of chronic neck pain: a prospective randomized intervention: Spine 2000; 25: 1021-7

Texas Labor Code §408.021

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director