

MDR Tracking Number: M5-04-3634-01

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 (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 June 18, 2004.

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. The preparation of a report (90889) and assessment (96151) rendered on 1/28/04 was found to be medically necessary. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On July 20, 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.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Rationale
3/4/04	96152 x 4 units	\$140.00	\$0.00	R	\$24.89 x 125% = \$31.11 x 4 units = \$124.44	Review of the commissions' records revealed the carrier filed a TWCC 21 disputing compensability of RSD as not related to the workers' compensation injury of right wrist strain. Review of the requestors HCFA 1500s revealed the requestor billed with ICD-9 code 716.94-Arthropathy, unspecified, hand the carrier is disputing RSD. Therefore
3/11/04	96152 x 4 units	\$140.00	\$0.00	R	\$24.89 x 125% = \$31.11 x 4 units = \$124.44	
3/25/04	96152 x 4 units	\$140.00	\$0.00	R	\$24.89 x 125% = \$31.11 x 4 units = \$124.44	

TOTAL		\$420.00	\$0.00		\$373.32	the disputed charge will be reviewed according to the Medicare Fee Schedule. Review of the carriers' preauthorization letter dated 2/24/04 revealed the requestor obtained preauthorization of the disputed charges. Recommend reimbursement in the amount of \$373.32.
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**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 1/28/04 through 3/25/04 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 8<sup>th</sup> day of October 2004.

Margaret Q. Ojeda  
 Medical Dispute Resolution Officer  
 Medical Review Division  
 MQO/mqo

August 12, 2004

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

Patient:  
 TWCC #:  
 MDR Tracking #: M5-04-3634-01  
 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 Professional Counselor. 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

Dr. N referred \_\_\_ to BHCA for psychological evaluation and treatment following signs of depression and anxiety exacerbated by pain from her previous hand injury. Reimbursement for the examination was denied stating that it was unnecessary medical treatment. Utilization review supported the denial of reimbursement stating that: “patient with some need of psychological treatment, see no need for testing to ascertain this.”

### DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of an assessment (96151) and preparation of a report (90889).

### DECISION

The reviewer disagrees with the previous adverse determination.

### BASIS FOR THE DECISION

The reviewer states that according to the American Counseling Association Code of Ethics, “counselors take care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interview) used to determine client care are carefully selected and appropriately used.”

This ethical guideline presumes that counselors properly diagnosis mental disorders before beginning treatment in order to determine the need for services as well as the effectiveness of services rendered.

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,