

MDR Tracking Number: M5-04-3825-01

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 July 6, 2004.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that CPT Codes 97545-WH-CA, 97546-WH-CA, 97110, and 97140 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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 2, 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 19 days of the requestor's receipt of the Notice.

- CPT Code 97545-WH-CA (2 hrs) and 97546-WH-CA (6 hrs.) for date of service 08/25/03 denied as "D". The respondent has not submitted convincing evidence that this date of service was billed in duplicate. Per Rule 134.202(e)(5)(B)(1) reimbursement in the amount of \$512.00 is recommended.
- CPT Code 97545-WH-CA and 97546-WH-CA for dates of service 08/26/03, and 08/29/03 through 09/19/03. EOB's were not submitted by either party. Per Rule 133.307(e)(2)(A) the requestor did not submit HCFA-1500's or other convincing evidence to support services were submitted to the carrier for reconsideration. MDR declines to order reimbursement.
- CPT Codes 97110 and 97140 for dates of service 01/20/04, 01/23/04 and 01/21/04. EOB's were not submitted by either party. Per Rule 133.307(e)(2)(A) the requestor did not submit HCFA-1500's or other convincing evidence to support services were submitted to the carrier for reconsideration. MDR declines to order reimbursement.

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 outlined above as follows:

- In accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;
- In accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c);

- 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 date of service 08/25/03 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 29th day of October 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf
Enclosure: IRO Decision

October 4, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-3825-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
----- Case #:

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ----- IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ----- external review panel who is familiar with the with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ----- chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, the ----- chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on ----- . The patient reported that while at work he injured his left shoulder when he fell. The patient was evaluated at an emergency room where the shoulder was reduced. On 3/20/03 the patient was evaluated and given medications and started on a physical therapy program. A MRI of the left shoulder performed 5/6/03 indicated tendonitis-tendinosis in the supraspinatus tendon and fluid was noted in the glenohumeral joint. The patient continued with physical therapy consisting of therapeutic exercises, kinetic, myofascial release, and electrical stimulation.

Requested Services

Work Hardening program 97545-WH and 97546-WH, therapeutic procedures-97110 and manual therapy-97140 from 8/20/03 through 1/30/04.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Initial Orthopedic Evaluation 3/20/03
2. MRI report 5/6/03
3. Treatment notes 3/22/03 – 8/15/03
4. FCE 8/15/03
5. Work Hardening Daily Notes 8/20/03 – 9/16/03
6. Physical Therapy 9/19/03

Documents Submitted by Respondent:

1. Physical Therapy Notes 10/27/03 – 11/25/03
2. Orthopedic Notes 3/20/03 – 8/27/03

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ----- chiropractor reviewer noted that this case concerns a male who sustained a work related injury to his left shoulder on ----- . The ----- chiropractor reviewer also noted that the patient was evaluated in the emergency room where his shoulder was reduced. The ----- chiropractor reviewer further noted that the patient began a course of physical therapy consisting of therapeutic exercises, kinetic, myofascial release, and electrical stimulation. The ----- chiropractor reviewer indicated that the patient went through 4 weeks of work conditioning and made no real progress. The ----- chiropractor reviewer noted that the patient was then placed into a work hardening program. The ----- chiropractor reviewer explained that the patient failed to demonstrate progress with the work conditioning program and therefore should not have been progressed to a work hardening program. The ----- chiropractor reviewer noted that the progress notes indicated that the patient's pain worsened during the work hardening program from a 3 out of ten to a 7 out of ten. The ----- chiropractor reviewer indicated that the patient underwent surgery on 9/22/03 that was planned on 8/27/03. The ----- chiropractor

reviewer explained that continued work hardening was not medically necessary for a patient that is scheduled for surgery. The ----- chiropractor reviewer noted that postoperatively the patient underwent 47 sessions of physical therapy. The ----- chiropractor reviewer indicated that the patient made minimal progress with the extensive amount of care given. The ----- chiropractor reviewer explained that a home based exercise program with office visits every two weeks would have been appropriate treatment for this patient. The ----- chiropractor reviewer also explained that the documentation provided does not demonstrate any objective or subjective improvement in this patient's condition. Therefore, the ----- chiropractor consultant concluded that the Work Hardening program 97545-WH and 97546-WH, therapeutic procedures-97110 and manual therapy-97140 from 8/20/03 through 1/30/04 were not medically necessary to treat this patient's condition.

Sincerely,

State Appeals Department