

MDR Tracking Number: M5-04-3882-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 7-13-04.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 7-13-04, therefore the following date(s) of service are not timely and are not eligible for this review: 7-12-03.

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 office visits, therapeutic activities, chiropractic manipulative treatment, mechanical traction, physical performance test, nerve conduction study and somato-sensory study from 10-16-03 through 12-10-03 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute 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 6, 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 99212 for date of service 10-9-03 was denied as G "Unbundling" but did not state what the code was global to. According to Rule 133.304 c:

(c) At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s). A generic statement that simply states a conclusion such as "not sufficiently documented" or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section. Recommend reimbursement of \$41.91.

Regarding the 99080-73 CPT Codes on date of service 11-3-03 and 12-3-03: the carrier denied these services with a V for unnecessary medical treatment based on a peer review, however, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. Recommend reimbursement of CPT Code 99080-73 for dates of service 11-3-03 and 12-3-03 for a total of \$30.00.

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 7/12/03 through 12/10/03 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)).

**Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees 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 (b); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 11-3-03 and 12-3-03 in this dispute.**

This Decision and Order is hereby issued this 9<sup>th</sup> day of September, 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

September 7, 2004

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5-04-3882-01  
TWCC#:

Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.: 5055

Dear

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

### **REVIEWER'S REPORT**

#### **Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's  
Information provided by Requestor: correspondence, office notes/therapeutic procedures, FCE, nerve conduction study, operative report and radiology reports.  
Information provided by Pain Management Specialist: office notes.

#### **Clinical History:**

This is a 44-year-old man who was at work when he was injured on \_\_\_\_. He experienced pain in his low back, left hip, left knee, left shoulder, and neck.

#### **Disputed Services:**

Office visits, therapeutic activities, chiropractic manipulative treatment, mechanical traction, physical performance test, nerve conduction study and somato-sensory study during the period of 10/16/03 through 12/10/03.

#### **Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were not medically necessary in this case.

#### **Rationale:**

The date of injury for this patient is \_\_\_\_. He had received extensive conservative care before the period in question. Texas Guidelines for Chiropractic Quality Assurance and

Practice Parameters and Mercy Guidelines suggest this type of injury should show improvement within 8-12 weeks. TWCC's own guidelines recognize that the natural history and progression of soft tissue injuries allows for an early return to work. The Guidelines also recognized the need to avoid chronicity, particularly with physician-dependence. The records indicate that a different course of treatment may have been more beneficial to the patient and more in accordance with the accepted standards. Sincerely,