MDR Tracking Number: M5-04-4079-01

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 July 28, 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.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity is 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 the matters of medical necessity, CPT Code 98941 for dates of service 11/20/03, 11/25/03, 11/26/03, 12/03/03 and 12/16/03; CPT Codes 99212 for date of service 01/20/04 and 99213 for date of service 01/27/04; and HCPCS Code A9300 for date of service 01/27/04 **were found to be medically necessary**.

CPT Code 99070 for date of service 08/21/03, CPT Code 99354 for dates of service 12/01/03 and 05/12/04, CPT Code 98940 for date of service 12/09/03, CPT Code 99212 for date of service 04/09/04 and CPT Code 99211 for date of service 04/22/04 **were not found to be medically necessary**.

The respondent raised no other reasons for denying reimbursement for the medical necessity issues.

On August 24, 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 99080-73 for dates of service 11/18/03,12/16/03, 01/27/04, and 04/22/04. The carrier submitted an EOB showing payments were made for dates of service 11/18/03, 12/16/03, and 04/22/04. The health care provider's billing agent was contacted on October 1, 2004 and revealed payment was received for those dates of service. Payment was not received for date of service 01/27/04. Per the Rules 129.5 and 133.106(f) the

TWCC-73 is a required report and the Medical Review Division has jurisdiction in this matter. Therefore, reimbursement in the amount of $15.00.

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 **08/21/03** through **05/12/04**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 Decision and Order is hereby issued this 4th day October 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf

Enclosure: IRO decision

09/09/2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-4079-01
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 reviewer is on the TWCC ADL. 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 ___. ___ fell from an approximately 4 ½ foot platform striking his back. He presented to the hospital and was diagnosed with a broken rib. He presented to the office of William Lawson, DC and was diagnosed with a T7 fractured rib, lumbar facet joint injury, cervical/thoracic sprain and muscular spasm. He was treated with active rehabilitation and was eventually given a home exercise protocol with a physioball. He continued treatment with Dr. Lawson and Dr. Joshi. Dr. Joshi performed ESI treatments and gave the patient advice to perform McKenzie type exercises. The patient was returned to work and given an impairment rating.
Initially records were received from the requestor/treating doctor. Specialty IRO employees continued to attempt to obtain records from the carrier. Such records were received on 9/8/03 and passed onto the reviewer at that time. Records reviewed include but are not limited to the following: 8/25/04 letter from Dr. Lawson, TWCC table of disputed services and EOB's, SOAP notes by Dr. Lawson from 8/21/03 through 4/9/04, 8/21/03 initial exam report from Dr. Lawson, Lumbar MRI report dated 11/26/03, 12/12/03 neurodiagnostic report by Don Vaughn, DC, notes from Anano Joshi, MD from 1/9/04 to 6/11/04 and 2/17/04 case manager note by Dr. Lawson, PT review 12/15/03 by Brent Dodge, PT, Reconsideration dated 4/30/04 by Thomas Sato, DC, Pelvic and left hip MRI dated 10/24/03, 8/26/03 and 10/16/03 PT evaluation and records by Ryan Dohlman, MSPT and note by Daniel Thompson, MD.

DISPUTED SERVICES

Services under dispute include 99070 supplies and materials, chiropractic manipulative treatment, 99354-prolonged physical services, office visits and A9300 exercise equipment as denied by the carrier with "V" codes from 8/21/03 through 5/12/03.

DECISION

The reviewer disagrees with the previous adverse determination regarding the following services: **98941** (11/20/03, 11/25/03, 11/26/03, 12/3/03, 12/16/03); **99212** (1/20/04); **99213** (1/27/04) and **A9300** (1/27/04).

The reviewer agrees with the previous adverse determination regarding all remaining services.

BASIS FOR THE DECISION

The reviewer notes that manipulation is the recommended treatment for chronic lower back pain according to the AHCPR guidelines. The treatments (manipulations) were performed during periods of exacerbation and resulted in improvement in the patient's symptomatology as per TLC 408.021. The 12/1/03 date of service was not documented in the records received; therefore, it is denied as not being medically necessary based upon a lack of proper documentation. The patient was assigned a home exercise protocol utilizing McKenzie and physioball protocols. Both of these protocols are recognized as effective as per the Council of Chiropractic Physiological Therapeutics and Rehabilitation and EBM Guidelines. According to the Medical Disability Advisor, the approved treatments are within normal guidelines for a patient with a sprain/strain, facet syndrome and a fractured rib.

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