

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 08/06/04.

The IRO reviewed therapeutic exercises (97110), office visits (99213/99204), ROM measurements (95851), neuromuscular re-education (97112), and therapeutic activities (97530) that were 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 September 7, 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 02/04/04 and 03/29/04 denied as "F", 02/18/04 denied as "G". Per Rule 129.5, the TWCC-73 is a required report and is not considered global to any other procedure performed on the same day. Per 133.106(f)(1) reimbursement in the amount of \$40.50 (amount requested by health care provider) is recommended.
- CPT Code 99199-37 for date of service 02/17/04 denied as "N". Per Rule 133.307(g)(3)(B), requestor did not submitted relevant information to support services were rendered as billed. Reimbursement is not recommended.
- CPT Code 97750 (2 units) for date of service 02/16/04 denied as "N". Per Rule 133.307(g)(3)(B), requestor did not submitted relevant information to support services were rendered as billed. Reimbursement is not recommended.

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 01/20/04 through 03/30/04 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 & Order is hereby issued this 8th day October 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf
Enclosure: IRO Decision

September 24, 2004

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

CORRECTED REPORT
Corrected MDR #

Re: Medical Dispute Resolution
MDR #: M5-04-4158-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI 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 Independent Review, Inc. 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 07/26/04 & 04/08/04
- physical therapy notes 01/20/04 – 04/02/04
- physical performance evaluation 02/16/04

Clinical History:

This female patient was injured on the job on ___ and twisted her left ankle. Apparently, she had received some type of treatment in the form hot pack and muscle stimulation, as well as prescription pain medication. She was placed off of work. The problems continued, which necessitated her seeking care in another doctor's office on 01/20/04. A thorough examination and treatment program was begun at that time. Diagnostic testing in the form of range of motion measurements as well as physical performance evaluation confirmed this patient's injuries.

Disputed Services:

Therapeutic exercises, office visits, ROM measurements, neuromuscular re-education and therapeutic activities during the period of 01/20/04 through 03/30/04.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were medically necessary in this case.

Rationale:

National treatment guidelines allow for this type of treatment for this type of injury. Initial evaluation clearly documents sufficient subjective and objective findings to warrant a

treatment program. There is sufficient documentation on each date of service to clinically justify the treatment this patient received. Therefore, the denied services of therapeutic exercises, office visits, ROM measurements, neuromuscular reeducation, and therapeutic activities during the period of 01/20/04 through 03/30/04 were, in fact, reasonable, usual, customary, and medically necessary for the treatment of this patient's on the job injury.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP:thh