

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-2932.M5

MDR Tracking Number: M5-04-4170-01

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 August 9, 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 97110, 97035, 97032, 97010, 97018, 97139, 97016, 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 September 3, 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 Codes 99212, 97139, 97016 and 97018 for date of service 02/04/04 were denied as "N". Per 133.307(g)(3)(B) requestor did not submit relevant information for this date of service to support the services were rendered as billed. Reimbursement is not recommended.

This Decision is hereby issued this 22nd day of October 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf
Enclosure: IRO Decision

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NOTICE OF INDEPENDENT REVIEW DECISION

October 18, 2004

Re: IRO Case # M5-04-4170

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is a Doctor of Chiropractic who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Letter of medical necessity
4. Electrodiagnostic reports 9/4/03
5. Medical reports
6. Examination reports
7. Treatment notes
8. Employer's first report of injury
9. TWCC work status reports
10. Initial exam report 5/23/03
11. Reexamination reports
12. Evaluation 6/4/03
13. MRI report left wrist 8/15/03
14. IR report 6/29/04

History

The patient injured her left wrist and thumb in ____ when she lifted a 30-pound flower pot. She initially received several weeks of physical therapy without success. She then began chiropractic treatment. The patient has been treated with injections, medication, therapeutic exercises, and vasopneumatic application.

Requested Service(s)

Therapeutic procedures, ultrasound, electrical stimulation, hot/cold pack, paraffin bath, unlisted therapeutic procedure, vasopneumatic device, manual therapy technique
9/12/03 – 2/13/04

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient received an extensive course of physical therapy and medication prior to the dates in dispute, without relief of symptoms or improved function. The patient's subjective pain levels and complaints remained unchanged or intensified, despite continued treatment with her D.C. On 10/2/03 it was noted that her symptoms were getting worse. On 2/4/04, some nine months after treatment started, the patient's VAS was still 8/10.

The documentation provided for this review lacked objective evidence of any functional, work related deficits or of progress toward functional improvement. Continued treatment, such as the treatment in this dispute, without revision of the treatment plan is not reasonable and necessary in the absence of functional, objective improvements.

The records failed to identify the specific progression of treatment or exercised performed. It also did not show that treatment helped the patient return to work. Based on the records provided, it appears that the patient's condition plateaued under the D.C.'s care prior to the

dates in dispute. Treatment for the dates in dispute failed to be beneficial to the patient, and was over utilized, inappropriate and probably encouraged doctor dependency.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Daniel Y. Chin, for GP