

MDR Tracking Number: M5-04-4198-01

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 08-10-04. Date of service 08-05-03 per Rule 133.308(e)(1) was not timely filed and will not be reviewed by the Medical Review Division.

The IRO reviewed therapeutic exercises, therapeutic activities, office/outpatient visits, manual therapy, prolonged service, hot/cold pack therapy and electrical stimulation rendered from 08-14-03 through 02-23-04 that were denied based upon "V" and "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 09-09-04, 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 date of service 08-14-03 denied with a "V" for unnecessary medical treatment based on a peer review. The TWCC-73 is a required report per Rule 129.5 and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. Reimbursement is recommended in the amount of \$15.00.

CPT code 97530 dates of service 08-22-03 through 09-29-03 (17 DOS) denied with denial code "G" (unbundling). Per Rule 134.202(a)(4) the carrier did not specify what service CPT code 97530 was global to. Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$560.32 ($\$26.37 \times 125\% = \$32.96 \times 17 \text{ DOS}$).

Review of CPT code 99080-73 date of service 02-11-04 revealed that neither the requestor nor the respondent submitted an EOB. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for an EOB. Reimbursement is recommended in the amount of \$15.00.

Review of CPT code 95851 date of service 02-11-04 revealed that neither the requestor nor the respondent submitted an EOB. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for an EOB. Reimbursement is recommended in the amount of \$30.61 (\$24.49 X 125%).

Review of CPT code 95831 date of service 02-11-04 revealed that neither the requestor nor the respondent submitted an EOB. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for an EOB. Reimbursement is recommended in the amount of \$34.33 (\$27.46 X 125%).

Review of CPT code 97010 date of service 02-23-04 revealed that neither the requestor nor the respondent submitted an EOB. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for an EOB. Reimbursement is recommended in the amount of \$11.00.

This Findings and Decision is hereby issued this 29th day of December 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

ORDER

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 Medicare program reimbursement methodologies effective 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 Decision is applicable for dates of service 08-14-03 through 02-23-04 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 Order is hereby issued this 29th day of December 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/dlh

Enclosure: IRO Decision

October 27, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-4198-01
IRO #: 5251

Ziroc 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 Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc 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 Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Office notes of Dr. Cody Doyle, including narrative reports, functional outcome studies, daily notes, physical therapy notes. Consultation notes Dr. Khubchandani, M.D., MRI report left shoulder. All bills and TWCC forms.

CLINICAL HISTORY

___ injured his left shoulder on ___. William Blair, M.D, initially saw him. Treatment consisted of oral medication and a cortisone injection with temporary relief. The patient then changed treating doctors to Patricia Wilcox, M.D. Treatment consisted of oral medications and physical therapy. Dr. Wilcox subsequently referred him to Dr. Doyle. He subsequently changed treating doctors when Dr. Wilcox discontinued care of worker's compensation patients. Initial treatment with Dr. Doyle began on 08-05-2003. He had a left shoulder MRI and also consulted with Dr. Khubchandani, an orthopaedic surgeon, on Dr. Doyle's referral. Treatment in Dr. Doyle's office consisted of passive and active rehabilitation. The patient diagnosed with rotator cuff strain with evidence on MRI of bursitis and supraspinatus tendon inflammation. Dr. Khubchandani recommended continued physical therapy, even at the last consultation in October 2003. Dr. Khubchandani recommended subacromial decompression if therapy was not effective. The patient was placed on a supportive care schedule in December 2003. The patient has occasional

flare-ups requiring reinstatement of care which appeared to be effective. Work details are unclear based on the documentation available, but appears that this patient's job was terminated or he was laid off during the course of his recovery.

DISPUTED SERVICES

Under dispute is the medical necessity of therapeutic exercises, therapeutic activities, office/outpatient visits, manual therapy, prolonged service, hot/cold pack therapy, and electrical stimulation from 8-14-2003 through 2-23-2004.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

This case was documented well. The progress of the patient is well documented not only in the subjective history of the patient, but also in the functional testing/outcomes of the patient. It is clear in the record that this patient did not begin a good recovery until he came under the care of Dr. Doyle. The reviewer cannot understate that the use of functional testing in this case proves to be valuable in determination of medically necessary care.

The documentation is above the general standard, and the protocols used are the standard of care generally associated with a case of this magnitude. Moreover, when applying Texas Labor Code 408.021 relating to medically necessary care, all points defined within the definition of the Code were met throughout the length of the case.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

Nan Cunningham
President/CEO

CC: Ziroc Medical Director