TEXAS WORKERS' COMPENSATION COMMISSION
MEDICAL REVIEW DIVISION, MS-48
MEDICAL DISPUTE RESOLUTION
FINDINGS AND DECISION

TRACKING #: M5-05-1548-01

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 1-20-05.

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 the only issue** to be resolved. CPT code 99244 – office visit was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. **The amount due the requestor for the medical necessity services is $218.65.**

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 totaling $218.65 on 1-20-04 outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after 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 Order is hereby issued this 8th day of April, 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

Parker Healthcare Management Organization, Inc.
3719 North Belt Line Road, Irving, TX 75038
972.906.0603 972.255.9712 (fax)
Certificate #5301

March 27, 2005 Delivered by fax: 512.804.4868

ATTN: Program Administrator
Texas Workers Compensation Commission
Medical Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744

MDR TRACKING NUMBER: M5-05-1548-01

RE: Independent review for ___
Notice of Determination

Dear Ms. ___

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 3.9.05.
- Facsimile request for provider records made on 3.10.05.
- The case was assigned to a reviewer on 3.21.05.
- Carrier records received and sent to reviewer on 3.24.05.
- The reviewer rendered a determination on 3.25.05.
- The Notice of Determination was sent on 3.27.05.

The findings of the independent review are as follows:

Summary of Clinical History

The claimant was injured on the date of 1-___-03 from a work related injury. The diagnostic assessment included an Electrodiagnostic study, performed by J. Slaughter, DC, who has added credentials in electrodiagnosis.

Questions for Review

The carrier feels that the examination performed by Dr. Slaughter is unnecessary, and should be "included in the value of another procedure performed on the date of evaluation." The examination was performed in concert with the electrodiagnostic study.

Determination

Following a review of the submitted materials, it is my opinion that the examination is a medically necessary component of the Electrodiagnostic study.

Clinical Rationale

The CPT code 99244 is a physical examination code that is distinctively separate, and is not included in any of the other procedures performed by Dr. Slaughter. The physical examination is an integral part of the Electrodiagnostic study. The evaluation gives the clinician objective suspicion for what is to be expected in the diagnostic evaluation and is essential for determining the course and order of testing.

The two being the physical examination and the elected Electrodiagnostic study, essentially go together and are not recommended to be separated, if one wants to do a superior job in evaluating the patient. The documentation submitted for review does indicate that the service was performed in a manner consistent with the CPT code selected.

The AAEM guidelines on pages 243 and 274, as well as information detailed in the AMA Guides to the Evaluation of Permanent Impairment support the performance of an evaluation in coloration with an Electrodiagnostic study. The decision of the carrier to deny the code (without a peer review recommendation,) is neither consistent with the aforementioned criteria, nor is it consistent with the manner in which Electrodiagnostic studies are generally performed.

Clinical Criteria, Utilization Guidelines or other material referenced

1. American Academy of Electrodiagnostic Medicine guidelines, pages 243 and S74.
2. American Medical Association Guides to the Evaluation of Permanent Impairment.

The reviewer for this case is a Chiropractor licensed by the Texas State Board of Chiropractic Examiners. The reviewer has added credentials in electrodiagnostic medicine and neurology.

Since the treating doctor is a medical physician, this case was originally deemed to be a type I review by our administrator. Upon further analysis – and after the fee was submitted – it was determined by the clinical staff that this case is a candidate for a type II review. Thus, our office will reimburse the requestor $190 (the difference between the Two tiers.) In the event the TWCC orders the carrier to reimburse the requestor, the amount should be $460 – the fee for a type II review.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the review is

listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

In accordance with TWCC Rule 102.4 (h), a copy of this decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 28-day of March, 2005.

If our organization can be of any further assistance, please feel free to contact me.

Sincerely,

Meredith Thomas
Administrator

CC: Advanced Neurological Associates
John Slaughter
Fax: 281/842-1794

Zurich American/ F.O.L.
Annette Moffett
512/867-1733