

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 8-30-04.

The IRO reviewed manual therapy technique, ultrasound, electrical stimulation, therapeutic exercises, massage, and unlisted therapy procedure.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 9-24-04, 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.

Code 99214 billed for date of service 9-4-03 was denied as "G". Per Rule 133.304(c), "...A generic statement that simply states a conclusion such as 'not sufficiently documented' or other similar phrase with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section. Carrier did not state what the office visit was global to; therefore, recommend reimbursement in accordance with Rule 134.202.

- 99214 – MAR is  $\$73.84 \times 125\% = \$92.30$ .

Code A4209 was billed @ \$5.00 and the carrier paid \$0.53. Per Rule 134.202 (c)(6), for products and services for which CMS or the commission does not establish a relative value unit and/or a payment amount the carrier shall assign a relative value, which may be based on nationally recognized published relative value studies, published commission medical dispute decision, and values assigned for services involving similar work and resource commitments. The carrier assigned a relative value of \$0.53. The requestor did not challenge the relative value according to Rule 133.307(g)(3)(D); therefore, no additional reimbursement recommended.

Code 99213 billed for date of service 9-12-03 was denied as "D". Per the HCFAs submitted, this code was billed once with the TWCC-73 and paid by the carrier. Code 99213 was billed again on the same day with other services; therefore, it is a duplicate and will not be reviewed.

Code 20550 billed for date of service 9-16-03 was denied as “F” with a payment of \$33.35. Two injections were billed on this date and the carrier paid for the first injection. Per the multiple procedure rule, the second injection should be paid at 50%. The carrier paid correctly. No additional reimbursement recommended.

Codes 99213, 97140, 97035, G0283 billed for dates of service 9-18-03, 9-19-03, 9-22-03, 10-3-03, and 10-6-03 were denied as “F” with payment recommended; however, per requestor, no payment received. Recommend reimbursement per Rule 134.202.

- 99213 – MAR is  $\$47.20 \times 125\% = \$59.00$
- 97140 – MAR is  $\$24.72 \times 125\% = \$30.90$
- 97035 – MAR is  $\$11.37 \times 125\% = \$14.21$
- G0283 – MAR is  $\$11.93 \times 125\% = \$14.91$

Codes 99214, 20552, A4209, J2000, and J3490 billed for date of service 9-23-03 were denied as “L, not treating doctor. Requestor submitted copy of approved TWCC-53 signed 5-6-02 by requestor. Therefore, recommend reimbursement per Rule 134.202.

- 99214 – MAR is  $\$73.84 \times 125\% = \$92.30$
- 20552 – MAR is  $\$46.93 \times 125\% = \$58.66$ . Requestor is seeking \$58.86. Recommend \$58.66.
- A4209, J2000, and J3490 – DOP codes. Since the carrier did not assign a relative value unit in accordance with Rule 134.202 (c )(6), recommend reimbursement as billed -  $\$5.00 + \$25.00 + \$30.00 = \$60.00$ .

Code G0283 billed for date of service 9-30-03 was denied as “N – not documented.” Per Rule 133.304(c ), “...A generic statement that simply states a conclusion such as ‘not sufficiently documented’ or other similar phrase with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section. Daily treatment log supports service rendered. Recommend reimbursement per Rule 134.1202.

- G0283 – MAR is  $\$11.93 \times 125\% = \$14.91$ .

Codes 99213, 97140, G0283, and 97035 billed for date of service 10-8-03 had no EOBs submitted by either party. Per Rule 133.307(e)(2)(B), the requestor shall include a copy of each EOB, or if no EOB was received, convincing evidence of carrier receipt of the request for an EOB. Requestor did not submit convincing evidence of carrier receipt of request for reconsideration. Per Rule 133.307(e)(3)(B), the carrier is required to provide any missing information including absent EOBs

not submitted by the requestor. The carrier's initial response to the medical dispute did not include the missing EOBs; therefore, a review of these services cannot be conducted and no reimbursement can be recommended.

### **ORDER**

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 outlined above as follows:

- In accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;
- 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 applicable to dates of service 9-4-03 through 9-30-03 as outlined above 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 15th day of November 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

**IRO Certificate #4599**

### **NOTICE OF INDEPENDENT REVIEW DECISION**

October 13, 2004

**Re: IRO Case # M5-05-0047**

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 Doctor of Chiropractic who is licensed in 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. D.C. notes
4. TWCC work status reports
5. D.C. daily treatment notes
6. Pain management, neurology, and surgeon reports
7. Nerve conduction study 8/5/03
8. Occupational therapy notes Daily treatment logs
9. Report 1/15/04
10. Report 9/24/04
11. Notice of reconsideration 1/2/04
12. Reviews 10/13/03, 10/10/03

#### History

The patient injured her wrist and lower arms in \_\_\_ while performing repetitive movements. She has had numerous medical evaluations, injections, medication, physical therapy, occupational therapy and chiropractic treatment.

#### Requested Service(s)

Manual therapeutic techniques, ultrasound, elect stim, therap exerc, massage, unlisted therap proc 9/12/03 – 9/30/03

Decision

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

Rationale

The patient had more than an adequate trial of conservative treatment without relief of symptoms or improved function prior to the dates in this dispute. The patient reported the injury in early \_\_\_\_, but no records of any treatment were provided for one year after the injury was reported. The patient then underwent several months of physical therapy – from \_\_\_\_ until November 2002. She then went without treatment until she consulted with the treating D.C.

The records provided for this review do not show objective, quantifiable data to support the services in this dispute. Both electrodiagnostic studies were essentially normal, as were orthopedic tests. Based on the patient's subjective complaints on 1/15/04, her hands still go numb, she has difficulty typing and holding on to the telephone, her arms burn, and her hands hurt. These are signs that the past treatment failed to be beneficial. There is no objective rationale why failed treatment continued some 21 months post injury for a basic wrist/ forearm strain injury.

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