

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 9-7-04.

The IRO reviewed office visits, manual therapy, hot/cold packs, re-education services, DME, therapeutic exercises, performance testing, and electric stimulation on 9-24-03 through 3-8-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. The IRO deemed that the office visits, manual therapy, hot/cold packs, re-education services, DME, therapeutic exercises, and performance testing from 9-24-03 to 12-5-03 were medically necessary. The IRO agreed with the previous adverse determination that the office visits, manual therapy, hot/cold packs, DME, therapeutic exercises, performance tests, and electric stimulation after 12-5-03 were not medically necessary. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO Decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 11-17-04, the Division submitted a Notice to requestor on 11/17/04 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 L0540 billed for date of service 11-5-03 and codes 99213-25, 97110 (2 units), and 97112 billed for date of service 2-4-04 had no EOBs submitted by either party. Per Rule 133.307(e)(2)(B), if no EOB, the requestor shall submit convincing evidence of carrier receipt of request for an EOB. The carrier did not submit the missing EOBs per Rule 133.307(e)(3)(B). Therefore, no reimbursement recommended.

Code 99080-73 billed for dates of service 12-4-03, 2-12-04, and 3-3-04 was denied as "F, TD – TWCC 73 was not properly completed or was submitted in excess of the filing requirements." Review of the completed forms reveals they were completed within the filing requirements, per Rule 129.5 (d)(3). Therefore, recommend reimbursement of \$15.00 x 3 = \$45.00.

Code 99080-73 billed for date of service 1-5-04 did not have an EOB. Per Rule 133.307(e)(2)(B), if no EOB, the requestor shall submit convincing evidence of carrier receipt of

request for an EOB. The carrier did not submit the missing EOBs per Rule 133.307(e)(3)(B). Therefore, no reimbursement recommended.

The above Findings and Decision is hereby issued this 11th day of February 2005.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

### **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 Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c);
- In accordance with TWCC reimbursement methodologies regarding Work Status Reports for dates of service on or after August 1, 2003 per Commission Rule 134.202 (e)(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 9-24-03 through 12-5-03 as outlined above.

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 11th day of February 2005.

Margaret Q. Ojeda, Manager  
Medical Dispute Resolution  
Medical Review Division

Enclosure: IRO Decision

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**1726 Cricket Hollow**  
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IRO Certificate #4599

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**NOTICE OF INDEPENDENT REVIEW DECISION**

November 9, 2004

**Re: IRO Case # M5-05-0120-01** amended 2/1/05

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, Rule133.308 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 Board Certified in Neurological Surgery, 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. daily notes
4. Letter from treating D.C. 8/30/04
5. Medical report 8/4/03
6. M.D. notes 2003
7. Hospital discharge summary 9/12/03
8. Report lumbar MRI 8/5/03
9. Physical performance evaluation

### History

The patient is a 46-year-old male who injured his back in \_\_\_\_\_. Rest, medications and physical therapy were not beneficial in relieving his problem. In early September 2003, the patient developed deep pain thrombosis and pulmonary emboli, which led to the use of Coumadin. This eliminated the potential of any surgical procedure for his condition and extensive physical therapy procedures continued to be pursued.

### Requested Service(s)

Office visits, manual therapy, hot/cold packs, reeducation services, DME, exercises, performance test, physician educational services, electric stimulation 9/24/03 – 3/8/04

### Decision

I disagree with the carrier's decision to deny the requested services through 12/5/03. I agree with the decision to deny the requested services after 12/5/03.

### Rationale

The first few weeks of the disputed treatment were medically necessary because close observation and direction were indicated from a therapeutic standpoint, and because the patient had a potentially life-threatening condition with his pulmonary emboli. The documentation presented for this review does not support the necessity of the services after 12/5/03 or indicate why therapeutic goals could not be accomplished with a home-based program.

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

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Daniel Y. Chin, for GP