

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 09-17-04.

The IRO reviewed office visits, chiropractic manipulation, therapeutic procedures, manual therapy technique, ultrasound, therapeutic procedure group, massage therapy, neuromuscular re-education and electrical stimulation rendered from 03-26-04 through 06-24-04 that were denied based upon "V".

The IRO determined that the office visits on dates of service 04-14-04 and 06-24-04 **were** medically necessary. The IRO determined that the chiropractic manipulation, therapeutic procedures, manual therapy technique, ultrasound, therapeutic procedure group, massage therapy, neuromuscular re-education, electrical stimulation and office visits (except for dates of service 04-14-04 and 06-24-04) **were not** medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. 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.

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 10-12-04, 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.

Review of CPT code 99080 date of service 06-03-04 revealed that neither the requestor nor the respondent submitted a copy of an EOB. Per Rule 133.307(e)(2)(B) the requestor did not provide convincing evidence of carrier receipt of the providers request for an EOB. Per Rule 133.307(e)(3)(B) the respondent did not submit an EOB as required. No reimbursement is recommended.

## **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 Medicare program 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 04-14-04 and 06-24-04 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 Findings and Decision and Order are hereby issued this 22nd day of December 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh

Enclosure: IRO Decision



---

Specialty Independent Review Organization, Inc.

November 8, 2004

Hilda Baker  
TWCC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient:  
TWCC #:  
MDR Tracking #: M5-05-0262-01  
IRO #: 5284

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

Specialty IRO 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.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO 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 Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

According to the records reviewed, Mr. \_\_\_ was injured in a work related accident on \_\_\_. The patient was working on a pool pump when he injured his left shoulder while trying to remove the lid. The patient initially saw Dr. Li for evaluation. The patient was then seen by Dr. Scheffey for further evaluation. Mr. \_\_\_ had an MRI of the left shoulder on 10-10-2003 showing subacromial bursitis. The patient then saw Dr. Elbaz who performed surgery on 4-1-2003. \_\_\_ underwent a course of therapy post-surgically. Due to continued complaints, \_\_\_ saw Dr. Elbaz for a second surgery in 12-4-2003. The patient was then sent for post-surgical therapy again with Dr. Al-Sahli. The patient was also seen by Dr. Ahmed who administered medications and injections. Dr. Allon performed an EMG on the patient showing bilateral carpal tunnel syndrome. Dr. Reuben evaluated the patient in August 2004 and recommended physical therapy. The patient saw a designated doctor, Dr. Lane, on June 16, 2004 and stated that the patient was not at MMI. The patient saw Dr. Taegel on 7-12-2004 for further evaluation of his shoulder due to continued pain and symptoms.

The records include but are not limited to the following:

- NBC Healthcare position letter
- CLC Health Care Center notes
- Texas Pain Solutions documentation
- North Houston Imaging Center reports
- MRI of left shoulder by Dr. Soloman
- Dr. Elbaz operative report
- Cy-Fair Bone & Joint notes
- Dr. Taegel notes
- Dr. Reuben notes
- Dr. Lane designated doctor report
- State Farm Response to MDR M5-05-0262-01
- Dr. Glenn report

## DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of office visit (99212), chiropractic manipulation (98940), therapeutic procedure (97110), manual therapy technique (97140), ultrasound (97035), therapeutic procedure group (97150), massage therapy (97124), chiropractic manipulation (98943), neuromuscular reeducation (97112) and electrical stimulation (97032) from 03-26-04 through 6-24-04.

## DECISION

The reviewer agrees with the previous adverse determination regarding all services except for the office visits on 4-14-2004 and 6-24-2004.

## BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, Evidenced Based Medical Guidelines and Medicare Payment Policies. Although it is evident that the patient \_\_\_ has had a difficult time with his work related injury and has been unable to successfully recover from his injuries and two surgeries, the documentation does not support the care administered. The patient has had a lengthy course of conservative treatment, which has yielded little results. It is easy to review care retrospectively and see that the care had little effect on the patient outcome but the provider rendering care does not have the advantage of hindsight and expects the care administered to have a positive outcome and the patient to fully recover. This is not to say that \_\_\_ does not need additional care under TLC 408.021 but the care administered under review is not medically necessary according to the documentation received and reviewed. The documentation submitted does not adequately describe the care administered according to CMS, Medicare Payment Policies, and clinical documentation standards.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

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

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director