

MDR Tracking Number: M5-05-0268-01

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. This dispute was received on 9-17-04

The IRO reviewed medical necessity of post surgical office visits, manipulations, traction, analysis, exercise, stimulation, muscle testing, ROM, manual therapy rendered from 12-18-03 through 2-2-04.

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

The IRO concluded that manipulations, traction, analysis, exercise, stimulation, muscle testing, ROM, manual therapy rendered from 12-18-03 through 2-2-04 were medically necessary. The IRO concluded that office visits were not medically necessary.

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees. 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.

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 January 3, 2005, 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.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-9-04	97545WH	\$128.00	\$72.00	F	\$51.20/hr	Rule 134.202 (e)(5)(C)	Documentation supports billed service. Additional reimbursement is recommended of \$102.40 minus amount paid of \$72.00 = \$30.40 is recommended..
4-9-04	97546WH	\$256.00	\$144.00	F	\$51.20/hr X 4 = \$204.80	Rule 134.202 (e)(5)(C)	Documentation supports billed service. Additional reimbursement is recommended of \$204.80 minus amount paid of \$144.00 = \$60.80 is recommended.
4-29-04	97750FC (12)	\$468.00	\$296.40	F	\$37.05 X 12 = \$444.60	Rule 134.202 (e)(4)	Documentation supports billed service. Reimbursement is recommended of \$444.60 minus amount paid of \$296.40 = \$148.20 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$239.40

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 fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) 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 12-18-03 through 4-29-04 in this dispute.

The above Findings, Decision and Order are hereby issued this 19th day of 2005.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division

November 12, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-05-0268-01
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 and therapy notes from R.T. Peterson, D.C., operative report and follow up reports from Surgeon John Payne, D.O., MRI report dated 11/30/01, FCE, ROM, and muscle strength studies.

CLINICAL HISTORY

This patient initially injured her lower back on _____. On 11/18/03 the patient had lower back surgery. The items in dispute are post surgical office visits, manipulations, traction, analysis, exercise, stimulation, muscle testing, ROM, and manual therapy.

DISPUTED SERVICES

Under dispute is the medical necessity of post surgical office visits, manipulations, traction, analysis, exercise, stimulation, muscle testing, ROM, manual therapy for DOS 12/18/03 through 02/02/04.

DECISION

The reviewer disagrees with the prior adverse determination for all disputed services except code 99213 (office visit).

BASIS FOR THE DECISION

All treatments and therapies between the dates of service are deemed medically necessary except code 99213 (office visit) that was used on each and every visit. It is deemed appropriate to code for an office visit once every four weeks. The information contained in the treatment notes reflect that the code 98940 (manipulation) is a more appropriate code to use to describe pre- and post-manipulation findings on this patient.

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