MDR Tracking Number: M5-05-0327-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June17, 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 09-22-04.

The IRO reviewed office visits, manual therapy, electrical stimulation, evaluation, exercises, re-education and group therapy rendered from 01-07-04 through 03-25-04 that were denied based upon "U".

The IRO determined that the electrical stimulation **was not** medically necessary. The IRO determined that the office visits, manual therapy, evaluation, exercises, re-education and group therapy **were** medically necessary.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the **majority** of 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 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 12-31-04, 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.

CPT code 97150 date of service 01-28-04 denied with denial code "NH" (coverage of a group procedure is determined on an individual case basis. Documentation of the specific services rendered and the number of persons in the group must be submitted). Per Rule 133.307(g)(3)(B) the requestor did not provide documentation for review. No reimbursement recommended.

CPT code 99214 date of service 02-24-04 denied with denial code "F" (fee guideline MAR reduction). The carrier has made no payment. Reimbursement per the Medicare Fee Schedule effective 08-01-03 is recommended in the amount of $104.79 ($83.83 X 125%).

This Findings and Decision is hereby issued this 20th day of January 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

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 reimbursement 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 01-09-04 through 03-25-04 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 Order is hereby issued this 20th day of January 2005.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dlh

Enclosure: IRO Decision

Specialty Independent Review Organization, Inc.

Amended Decisions

December 31, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-05-0327-01
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, ___ was injured in a work related accident on ___ while working for as a laborer. He was working with some sheetrock and climbing a ladder when he injured his low back. The patient felt a sharp and immediate pain in the low back with pain radiating to the right lower extremity. He initially went to Clinic of Del Sol. The inured worker also saw Dr. Lane who performed blood work and x-rays. The patient then went to Dr. Williamson, who requested an MRI. The lumbar MRI showed 2 mm disc bulge at L3-4 and a 6 mm disc fragment of L4-5 compressing the right L4 nerve root. Mr.

___ was seen by Ergo Rehab for therapy. The patient subsequently sought care from Dr. Garner after approval. Dr. Garner initiated a course of physical therapy with the Mr. ___ under the direction of Lee Nickel PT.

The records include but are not limited to the following:

Medical Dispute Records
EOB's from the Insurance Carrier
Bose Consulting reports
Bose Position Statement
Medical Reports by Dr. Garner
Therapy Evaluation by Lee Nickel PT
Evaluation by Dr. McKay
MRI by Dr. London
Treatment notes by Lee Nickel PT

DISPUTED SERVICES

The items in disputer are the retrospective medical necessity of office visits, manual therapy, stimulation, evaluation, exercises, reeducation and group therapy from 1-7-04 through 3-25-04.

DECISION

The reviewer agrees with the previous adverse decision regarding 97032 for each date of service under review.

The reviewer disagrees with the previous adverse decision regarding all other services under review.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, Evidenced Based Medical Guidelines, and Medicare Payment Policies.

The documentation does not support the level of treatment in regards to 97032 in that 97032 is an attended therapy and the documentation does not support the necessity of a constant attended modality over a supervised modality.

The office visits and treatment performed would be appropriate for evaluation and management of the patient's injuries. Although the patient's treatment appears protracted in length from the original date of injury, it should be noted that the care under review is less than 90 days of duration. Due to the patient's age, complicating conditions and significance of injuries including the disc injuries noted on the MRI, the treatment reviewed within the guidelines according to the MDA.

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