

MDR Tracking Number: M5-05-0515-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 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 10-12-04.

The IRO reviewed office visits, office visits w/manipulation, therapeutic exercises, FCEs, physician phone call, and prolonged evaluation visit on 9-19-03 to 1-7-04.

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 the office visits, office visits w/manipulation, four units of therapeutic exercises, FCEs, and physician phone call from 9-19-03 to 11-18-03 and office visits on 11-24-03, 12-5-03, 12-12-03, 12-19-03, and 1-5-04 were medically necessary. The IRO agrees with the previous adverse determination that the remaining units of the therapeutic exercises from 9-19-03 to 11-18-03 and all other services from 11-26-03 to 1-7-04 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 11-9-04, 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 99080-73 was billed for dates of service 10-1-03, 10-15-03, 10-29-03, 11-12-03, 11-26-03, 12-10-03, and 1-12-04 and denied as "V – unnecessary medical"; however, per Rule 129.5, the TWCC-73 is a required report and is not subject to an IRO review.

- The Medical Review Division has jurisdiction in this matter; therefore, recommend reimbursement of \$15.00 x 7 days = \$105.00.

Code 99080-73 was billed for date of service 12-29-03 and denied as "F – payment is not recommended for routine progress/status reports unless there has been significant change in the patient's status or the report was specifically requested by the payer."

- Per Rule 129.5, the doctor shall file the work status report (1) after the initial examination of the employee, (2) when the employee experiences a change in work status or a substantial change in activity restrictions, and (3) on the schedule requested by the carrier, its agent, or the employer, which shall not exceed one report every two weeks and shall be based on the doctor's scheduled appointments with the employee. The TWCC-73 submitted for this date of service did not support a change in work status or a substantial change in activity restrictions; therefore, no reimbursement recommended.

Code 99358-52 billed for date of service 11-14-03 was denied as “G, this is a bundled procedure; no separate payment allowed.”

- The carrier did not indicate what this code was bundled to per Rule 133.304(c). The modifier –52 is invalid for this procedure code per Ingenix CCI edits; therefore, no reimbursement recommended.

Code 99213 billed for date of service 1-12-04 had no EOB submitted by either party.

- Per Rule 133.307(e)(2)(B), the requestor did not submit convincing evidence of carrier receipt of request for EOB. Per Rule 133.307(e)(3)(B), the carrier did not submit missing information such as an EOB with its initial response. Therefore, no review can be conducted and no reimbursement can be recommended.

The above Findings and Decision is hereby issued this 26th day of January 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 in accordance with Medicare program reimbursement methodologies and methodologies regarding Work Status Reports for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c) and (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 9-19-03 through 1-12-04 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 26th day of January 2005.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

Enclosure: IRO Decision



Specialty Independent Review Organization, Inc.

December 10, 2004

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

Patient:
TWCC #:
MDR Tracking #:M5-05-0515-01
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

___ was injured on ___ when he suffered a bilateral crush injury to his upper extremities with second degree burns. He was seen at the ER and subsequently sought the care of Mark Crawford, DC. He underwent passive and active therapies through 1/12/04. His progress was tracked with physical performance and functional capacity evaluations on a monthly basis. MMI was established via a designated doctor, Ravindra Arora, MD on 12/3/03.

Records were received from the requestor and respondent. Records from the respondent include but are not limited to the following: 11/12/04 letter from Charles Finch, MRI of left elbow report of 11/10/03, DD exam by Dr. Arora indicating 1% WP IR with MMI date of 12/3/03, 10/29/04 letter from Brandy Bramlett and TWCC intake paperwork and table of disputed services. Records from the requestor include but are not limited to the following: 9/29/04 letter from Jose Muniz, TWCC

initial paperwork and table of disputed services, 10/9/03 peer review by Gary Martin, DC, copy of a TWCC 69 which is not signed by Dr. Crawford and does not indicate agreement or disagreement with the MMI date/IR, multiple copies of HICFA 1500's and EOB's, SOAP and 'patient records' notes from 9/19/03 through 1/12/04, Exercise worksheets from 9/15/03 through 01/07/04, FCE of 10/10/03, multiple TWCC 73's, 11/14/03 and 11/26/03 review of records report, 11/10/03 left elbow MRI report, FCE of 11/18/03, notes by Joseph Neustein, MD and an FCE of 12/16/03.

The reviewer felt that additional records were required from the initial phase of treatment. These records were not provided by either party during the initial records acquisition phase. Therefore, records were requested and obtained during a second request for records consisting of any and all records from the first date of treatment through the initial date of review (9/19/03). The additional records from the requestor include the following documents: multiple HICFA 1500's within the date range, initial evaluation notes, SOAP and 'patient records' of 8/6/03 through 9/17/03, several TWCC 73's in date range, 8/7/03 PPE, 8/13/03, 8/14/03 review of records, 9/11/03 re-evaluation and exercise worksheets from 9/12/03 through 9/19/03.

DISPUTED SERVICES

Disputed services include office visits (99213), OV with manipulation (99213-MP), therapeutic exercises (97110), FCE (97750-FC), telephone call (99371) and prolonged evaluation/mgmt (99358-52) from 9/19/03 through 1/7/04.

DECISION

The reviewer disagrees with the previous adverse determination regarding all services through 10/10/03 (Four units of 97110 per visit are approved with each visit under review). Furthermore, the reviewer disagrees with the previous adverse determination regarding all services from 10/13/03 through 11/18/03. (again only four units of 97110 are approved for each date of service). The reviewer disagrees with previous adverse determination regarding the following codes: 99213: 11/24/03, 12/5/03, 12/12/03, 12/19/03 and 1/5/04).

The reviewer agrees with the previous adverse determination regarding all remaining services.

BASIS FOR THE DECISION

The reviewer indicates that the peer review approved all services for eight weeks of active therapy. The initial notes obtained by both parties did not include the initial notes from the beginning of treatment. Therefore, additional notes were requested and obtained from the requestor. The additional notes indicate that active therapeutics were started on 8/11/03. Therefore, per the carrier sponsored peer review all services through 10/10/03 are approved. The reviewer indicates agreement with this statement as a baseline. Based upon the functional testing, this patient continued to improve through 11/18/03 at which time he had full range of motion and his PDL had increased to the point where he could return to work at a safe level. The office visit services were approved on the basis of need for the treating doctor to continue to monitor the patient's ability to return to work and ensure safety of this experience.

References:

Medicare Treatment Guidelines

ACOEM Guidelines

Council of Chiropractic Physiological Therapeutics and Rehabilitation Treatment Guidelines

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