

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 11-18-04.

The IRO reviewed office visits, special reports, massage therapy, ultrasound and aquatic therapy rendered from 05-04-04 through 08-23-04 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 12-13-04, 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 99213-25 dates of service 08-04-04, 08-09-04, 08-11-04 and 08-12-04 denied with denial code "G" (global). Per Rule 133.304(c) and 134.202(a)(4) the carrier did not specify which service code 99213-25 was global to. Reimbursement per the Medicare Fee Schedule is recommended in the amount of \$247.92 (\$49.58 X 125% = \$61.98 X 4 DOS).

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 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 08-04-04, 08-09-04, 08-11-04 and 08-12-04 in this dispute.

This Findings and Decision and Order are hereby issued this 28th day of January 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO Decision

NOTICE OF INDEPENDENT REVIEW DECISION

January 21, 2005

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-05-0924-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating 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 the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 71 year-old male injured his low back, bilateral legs and his left hip on ____ while waxing a floor and slipped and fell. He has been treated with therapy.

Requested Service(s)

Special reports, office visits, massage, ultrasound, and aquatic therapy for dates of service 05/04/04 through 08/23/04

Decision

It is determined that there is no medical necessity for the special reports, office visits, massage, ultrasound, and aquatic therapy for dates of service 05/04/04 through 08/23/04 to treat this patient's medical condition.

Rationale/Basis for Decision

Medical record documentation indicates this patient was injured on 06/24/99. An aggressive treatment program was performed and recommendations for injection therapy and surgical intervention were made but were declined by the patient. A re-evaluation was performed that indicated he had experienced a re-exacerbation of his original injury. However, there is no specific documentation that his condition is directly related to the original injury. Therefore, the special reports, office visits, massage, ultrasound, and aquatic therapy for dates of service 05/04/04 through 08/23/04 are not medically necessary to treat this patient's medical condition.

Sincerely,

A handwritten signature in black ink that reads "Gordon B. Strom, Jr." in a cursive, slightly slanted script.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-05-0924-01

Information Submitted by Requestor:

- Progress Notes
- Diagnostic Tests
- Disability Determination Evaluation

Information Submitted by Respondent:

- Office Visit
- Independent Medical Examination
- Claims