

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER: 453-05-6675.M5

MDR Tracking #M5-05-0949-01

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. The dispute was received on 11-10-04.

In accordance with Rule 133.308 (e)(1), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The following date(s) of service are not timely and are not eligible for this review: 9-22-030 through 10-17-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the 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.

The therapeutic activities, office visits, chiropractic manipulation, manual therapy, neuromuscular re-education, ultrasound, therapeutic exercises, supplies and materials, gait training, durable medical equipment and neuromuscular stimulator that were denied for medical necessity from 11-10-03 through 2-12-04 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. The amount due the requestor for the medical necessity issues is \$14,347.66. In accordance with Medicare program reimbursement methodologies CPT code 98943 is not a covered service.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute 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 12-9-04 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.

CPT code 99070 on 11-10-03, 11-11-03, 11-12-03, 11-13-03, 11-17-03, 11-18-03, 11-19-03, 11-20-03, 11-21-03, 11-24-03, 11-25-03, 11-26-03, 12-1-03, 12-3-03, 12-5-03, 12-8-03, 12-22-03, 12-23-03, 12-24-03, 12-29-03, 12-30-03, 12-31-03, 1-5-04, 1-7-04, 1-9-04, 1-12-04, 1-14-04, 1-16-04, 1-19-04, 1-21-04, 1-23-04, 1-26-04 and 1-28-04 was denied by the carrier as “G – this is a bundled procedure.” Per rule 133.304(c) and 134.202(a)(4) carrier didn’t specify which service this was global to. **Recommend reimbursement of \$495.00 (\$15.00 X 33 DOS).**

E1399 on 12-22-03, 1-12-03 and 1-21-04 was denied by the carrier as “G – this is a bundled procedure.” Per rule 133.304(c) and 134.202(a)(4) carrier didn’t specify which service this was global to. **Recommend reimbursement of \$48.00 (16 X 3 DOS).**

Regarding CPT code 99080-73 on 1-5-04: Neither the carrier nor the requestor provided EOB’s. The requestor submitted convincing evidence of carrier receipt of provider’s request for EOB’s in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB’s Per Rule 133.307(e)(3)(B). **Recommend reimbursement of \$15.00.**

Regarding CPT code 97116 on 1-9-04: Neither the carrier nor the requestor provided EOB’s. Per Rule 133.307 (g) (3)(B) the additional documentation shall include a copy of any pertinent medical records or other documents relevant to the fee dispute. **Recommend no reimbursement.**

This Finding and Decision is hereby issued this 2nd day of May, 2005.

Medical Dispute Resolution Officer
Medical Review Division

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 totaling 14,905.66 for 11-10-03 through 10-15-03 outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after 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 Order is hereby issued this 2nd day of May, 2005.

Medical Dispute Resolution
Medical Review Division

Enclosure: IRO decision

Z iro C

A Division of ZRC Services, Inc.
7626 Parkview Circle
Austin, Texas 78731
Phone: 512-346-5040
Fax: 512-692-2924

AMMENDED DECISION

April 25, 2005

TWCC Medical Dispute Resolution
Fax: (512) 804-4868

Patient: _____
TWCC #: _____
MDR Tracking #: M5-05-0949-01
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 X board certified and specialized in X. 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

Treating physician's summary of care provided, 8 pages, treating physician's office notes, transcribed reports, exercise logs, prescription indications, EMS home use medical necessity letter and billing records.

CLINICAL HISTORY

This patient sustained a work related injury to the left ankle, foot and knee on _____. She was placed on light duty on 7-29-2003 and continued at work until her completion of post-surgical rehabilitation, at which time she resumed unrestricted duties. She underwent pre-

surgical/conservative care with the treating physician with some improvement. The patient was referred for orthopaedic evaluation and subsequently underwent left knee surgery on 10-20-2003. This consisted of left knee arthroscopy with partial medial and lateral meniscectomies, complete synovectomy with arthroscopic lateral release with placement of intra-articular pain pump. The patient began a post-surgical rehabilitative course on 11-10-2003 and lasted until her release on 1-30-2004. She continued to improve throughout the course of her post-surgical rehabilitation and had no serious consequences from the surgery. Again, she was able to resume unrestricted work at the completion of her rehabilitative care.

DISPUTED SERVICES

Under dispute is the medical necessity of therapeutic activities, office visits, chiropractic manipulation, manual therapy, neuromuscular re-education, ultrasound, therapeutic exercise, supplies and materials, gait training, durable medical equipment and neuromuscular stimulator during the period of 11/10/03 through 02/12/04.

DECISION

The reviewer disagrees with the determination of the insurance carrier. Therapeutic activities, office visits, chiropractic manipulation, manual therapy, neuromuscular re-education, ultrasound, therapeutic exercise, supplies and materials, gait training, durable medical equipment and neuromuscular stimulator in dispute from 11-10-2003 through 2-12-2004 were medically necessary to appropriately treat the compensable injury.

BASIS FOR THE DECISION

The patient injured her left ankle, foot and most substantially left knee on _____. After failing a course of non-surgical conservative care the patient ultimately had substantial left knee surgery for internal derangement. The patient then participated in 12 weeks of post-operative physical therapy. All post-surgical care is reasonable and necessary as performed in this case. Care was reasonable as it relieved pain, rehabilitated the patient post-surgically and ultimately retained her ability to return to work. All care provided was consistent with Texas Labor Code 408.021's definition of medically necessary care.

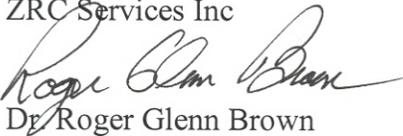
Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

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 a copy of this finding by facsimile to the TWCC.

Sincerely,

ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO

RGB:dd