

MDR Tracking Number: M5-05-1014-01

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, 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 10-12-04.

The IRO reviewed nerve conduction, amplitude & latency /velocity study, each nerve, motor, w/F-wave study, nerve conduction, amplitude & latency/velocity study each nerve, sensory, needle electromyography, two extremities with or without related paraspinal areas, level III office visit, electrical stimulation, neuromuscular re-education, hot/cold pack therapy, manual massage therapy and manual therapy technique rendered from 07-20-04 through 08-30-04 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 02-23-05, 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.

Review of CPT codes 97032, 97112, 97010, 97124 for dates of service 06-04-04, 06-07-04, 06-09-04, 06-22-04 and 07-13-04, CPT code 99213 on dates of service 05-17-04, 06-16-04 and 07-28-04, codes 99204, 72050, 73080, 73030 and 99080 on date of service 05-20-04, codes 97032, 97112, 97010 and 97140 on dates of service 06-15-04, 06-21-04 and 07-27-04 as well as codes 99213, 81001, 87076, 87110, 87220 and 87210 date of service 06-24-04 revealed that neither party submitted EOBs. Per Rule 133.307(e)(2)(B) the requestor did not provide convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement recommended.

CPT code 95903 (6 units) date of service 06-14-04 denied with denial code "N/885" (not appropriately documented. The service, procedure and or supply requires additional information which may include identifying code, type, frequency, duration or quantity). Documentation submitted by the requestor supports the services billed. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$527.34 (\$70.31 X 125% = \$87.89 X 6 units)**.

CPT code 95904 (6 units) date of service 06-14-04 denied with denial code "N/885" (not appropriately documented. The service, procedure and or supply requires additional information which may include identifying code, type, frequency, duration or quantity). Documentation submitted by the requestor supports the services billed. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$421.20 (\$56.16 X 125% + \$70.20 X 6 units)**.

CPT code 95861 (1 unit) date of service 06-14-04 denied with denial code "N/885" (not appropriately documented. The service, procedure and or supply requires additional information which may include identifying code, type, frequency, duration or quantity). Documentation submitted by the requestor supports the services billed. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$147.43 (\$117.94 X 125%)**.

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 the amount of \$656.52 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 date of service 06-14-04 in this dispute.

This Findings and Decision and Order are hereby issued this 23rd day of March 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO Decision

February 18, 2005

Texas Workers Compensation Commission
MS48
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1609

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-05-1014-01
TWCC #:
Injured Employee:
Requestor: Bharat Gandhi, MD
Respondent: Travelers
MAXIMUS Case #:

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in internal medicine and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a work related injury on _____. The patient reported that while at work she injured her back while being involved in an altercation. The patient initially underwent x-rays that showed spondylosis with narrowing of the C5-6 space. Initial treatment consisted of medications and physical therapy. An EMG/NCV performed on 8/30/04 showed mild dorsal rami irritation of the C5-6 nerve root on the left and no proximal nerve root impingement involving ventral rami or focal neuropathy at the elbow recorded. The patient reportedly underwent an MRI of the cervical spine that was reported to have shown posterior osteophytes at C5-6 causing moderate central spinal stenosis and encroachment of the neural foramina bilaterally, and similar but to a lesser degree, the same findings were reported at the C4-5 and C6-7.

Requested Services

95903-Nerve conduction, amplitude & latency/velocity study, each nerve, motor, w/ F-wave study, 95904-nerve conduction, amplitude & latency/velocity study, each nerve, sensory; 95861-needle electromyography, two extremities, with or without related paraspinal areas; 99213-level III office visit; 97032-electrical stimulation; 97112-neuromuscular reeducation; 97010-hot/cold pack therapy; 97124-manual massage therapy; 97140-manual therapy technique from 7/20/04 – 8/30/04.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. EMG/NCV report 8/30/04
2. Peer Review 7/15/04
3. Neurological Surgery Letters 7/26/04 – 8/16/04
4. Office Notes and Treatment records 7/9/04 – 8/30/04

Documents Submitted by Respondent:

1. No documents submitted

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a female who sustained a work related injury to her cervical spine on _____. The MAXIMUS physician reviewer indicated that the patient underwent a nerve conduction/amplitude and latency/velocity study of each nerve, motor, w/ F-wave study on 6/14/04 and 8/30/04. The MAXIMUS physician reviewer explained that there was no need for a repeat study with a previously reported normal exam and no change in the patient's status. The MAXIMUS physician reviewer noted that from 7/20/04 through 8/30/04 the patient was treated with 99213-level III office visits, 97032-electrical stimulation; 97112-neuromuscular reeducation; 97010-hot/cold pack therapy; 97124-manual massage therapy; and 97140-manual therapy technique. The MAXIMUS physician reviewer explained that these modalities were medically necessary treatment of soft tissue injuries. The MAXIMUS physician reviewer also explained that this treatment fell within the 12-week period after date of injury when such modalities can be effective. Therefore, the MAXIMUS physician reviewer explained that the 95903-Nerve conduction, amplitude & latency/velocity study, each nerve, motor, w/ F-wave study, 95904-nerve conduction, amplitude & latency/velocity study, each nerve, sensory; 95861-needle electromyography, two extremities, with or without related paraspinal areas performed on 8/30/04 were not medically necessary to treat this patient's condition.

The MAXIMUS physician consultant further concluded that the 99213-level III office visit; 97032-electrical stimulation; 97112-neuromuscular reeducation; 97010-hot/cold pack therapy; 97124-manual massage therapy; and 97140-manual therapy technique from 7/20/04 through 8/30/04 were medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department