

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 12-6-04.

The IRO reviewed office visits, neuromuscular re-education, electrical stimulation, therapeutic exercises, and chiropractic manipulation on 7-5-04 to 8-16-04.

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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 1-21-05, 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.

Rule 133.307 (e)(2)(B) states that each request for MDR shall include a copy of each explanation of benefits (EOB) or, if no EOB was received, convincing evidence of carrier receipt of the provider request for an EOB. The requestor did not submit convincing evidence of carrier receipt of the provider request for an EOB; therefore, no review will be conducted of the services with no EOB and no reimbursement recommended.

The above Findings and Decision is hereby issued this 4th day of March 2005.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

ORIGINAL REVIEW DATE: JANURARY 5, 2005
AMENDED REVIEW DATE: MARCH 1, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M5-05-1068-01
CLIENT TRACKING NUMBER: M5-05-1068-01 - 5278

AMENDED REVIEW

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIoA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA has performed an independent review of the case in question 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIoA for independent review.

Records Received:

Records from TWCC:

- Notification of IRO Assignment, dated 12/17/04 – 20 pages

Records from Michael Johnson, DC:

- TWCC-60 – 2 pages
- Table of Disputed services – 6 pages
- Broadspire Physician Review Services Peer Review – 4 pages
- Texas Workers' Compensation Work Status Report, dated 6/25/04 – 1 page
- Prescription, dated 6/23/04 – 1 page
- TWCC hearing results, dated 5/14/04 – 3 pages
- Patient information – 1 page
- Progress notes – 2 pages
- Chart Note by Michael E Truman, DO, dated 2/4/02 – 1 page
- Patient Diagnosis Sheet, dated 6/24/04 – 1 page
- Treatment and Progress Notes, dated 9/8/04, 8/2/04, 8/16/04, 8/12/04, 8/9/04, 7/30/04, 7/26/04, 7/23/04, 7/19/04, 7/12/04, 7/14/04, 7/16/04, 7/8/04, 7/7/04, 7/5/04, 7/1/04, 6/29/04, 6/24/04 – 36 pages
- Letter To Whom It May Concern from Dr. Johnson, dated 12/29/04 – 1 page

Summary of Treatment/Case History:

The patient was continually treated multiple days per week and on each consecutive day of treatment was billed for #99213, which is a complex office visit consisting of 3 units of 15 minutes each, 2-3 modalities also. Given the length of time and the quantity of care, this is found to be excessive.

The original injury was in ___ when the patient was standing and apparently just fell as her ankle gave out. Prior to her “just falling” as her ankle gave away, she had been treated for cervical and lumbar regions of the spine previously. The stated compensable injury was to the left knee and to the right shoulder, which in Dr. Mike Johnson's notes clearly states “the left knee had been healed within weeks of the incident.”

Questions for Review:

DOS 7/5/04 through 8/16/04. Items in dispute: CPT codes #99213 office/outpatient visit, est, #97112 neuromuscular reeducation, #97032 electrical stimulation, #97110 therapeutic exercises, and #97140 manual therapy techniques denied by the carrier for “V”. Note: Do not review CPT codes denied as “F”.
1) Please review for medical necessity.

Explanation of Findings:

1) Please review for medical necessity.

Regarding the injuries to the right shoulder and the left knee, treatment was excessive in both length of time, quantity of modalities and based diagnostic evidence regarding the area of the left knee. At best, an injury that occurs on ___ should have healed by 6/24/04. If not, then other choices for interventional care, other than physical therapy, should have been considered. Also noted is that if the original injury is to the right shoulder and left knee, then epidural steroidal injections to the cervical region to relieve advanced degenerative changes is not part of the original compensable injury.

The levels of billing are excessive. The quantity of modalities is excessive. On every visit #99213 was billed. This is a high level complexity of consult, usually about 45 minutes. Multiple systems are consulted and recorded during a complex level consult. Conducting a #99213 on a daily basis is excessive.

The treatment was not medically necessary from 7/5/04 through 9/8/04 for the items in dispute (CPT codes #99213 office/outpatient visit, established, #97112 neuromuscular reeducation, #97032 electrical stimulation, #97110 therapeutic exercises, and #97140).

Conclusion/Decision to Not Certify:

The decision is to not certify care as medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Soft tissue, Rheumatic Pain management, recognition and prevention–Sheeon
Fundamentals of Chiropractic–Lawrence

The physician providing this review is board certified in chiropractic medicine. The reviewer also holds additional certifications in Acupuncture and Orthopedics. The reviewer is a member of their state chiropractic association and is certified to provide reviews for the workers compensation commission as a designated doctor, RME and IME. The reviewer has been in active practice since 1998.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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