

MDR Tracking Number: M5-05-1189-01

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 12-17-04.

Dates of service 08-13-03, 10-10-03 and 10-31-03 per Rule 133.308(e)(1) were not timely filed and will not be reviewed by the Medical Review Division.

The IRO reviewed office/outpatient visits, special service/procedure/report rendered from 04-07-04 through 07-06-04 that were denied based upon "V".

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.

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 01-05-05, 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.

CPT code 99080-73 dates of service 01-06-04, 04-07-04, 05-05-04, 06-23-04 and 07-06-04 denied with denial code "V" (unnecessary medical treatment with peer review). The TWCC-73 is a required report per Rule 129.5 and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. Reimbursement is recommended in the amount of \$75.00 (\$15.00 X 5 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 01-06-04 through 07-06-04 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 Findings and Decision and Order are hereby issued this 21st day of January 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO Decision

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758
Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 19, 2005

Re: IRO Case # M5-05-1189-01 amended 1/20/05

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed in Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Explanation of benefits

3. Reports Dr. Buck 5/19/04, 10/17/03
4. TWCC 69 reports
5. Pre authorization peer review 11/10/03
6. Synopsis of patient's injury and care Dr. Nguyen 1/7/05
7. Operative Reports Dr. S. Nguyen
8. Reports Dr. Nguyen
9. TWCC work status reports
10. FCE report 7/6/04
11. Report Dr. G. 5/11/04
12. Report Dr. Beard 9/9/03
13. Reports Dr. Sebok

History

The patient injured his left shoulder, head, lower back and right knee in ___ when he fell over a bundle of wires and hoses, striking a metal ladder. An MRI and an electrodiagnostic study were performed. The patient has been treated with chiropractic care and lumbar epidural steroid injections.

Requested Service(s)

Office/outpatient visit, Special service/proc/report 4/7/04 – 7/6/04

Decision

I disagree with the carrier's decision to deny the requested services.

Rationale

As a treating doctor, the D.C. was required to evaluate and manage the care of the patient. He had to see the patient to monitor his progress, discuss treatment and make recommendations. The D.C.'s reports of examination are very thorough and show objective findings and subjective complaints to support the services in dispute. The D.C. followed through with his responsibility to the patient, and supported his decision making in his evaluations and reports.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

_____ Daniel Y. Chin, for GP