

MDR Tracking Number: M5-05-1423-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 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 1-4-05.

The IRO reviewed ROM testing/measurements, supplies & materials, office visits, therapeutic exercises, group therapeutic procedures, diathermy, massage, chiropractic manipulations, and copies of medical records.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the majority of the medical necessity issues. The IRO deemed that the range of motion measurements (95851, 95852), consumable TENS supplies and knee wrap (99070), office visits (99211-25, 99212-25, 99212, 99213), therapeutic exercises (97110), group therapeutic procedures (97150), diathermy (97024), massage (97124), and copies of medical records (99080) were medically necessary. The IRO agreed with the previous adverse determination that the chiropractic manipulations (98943) were not medically necessary. 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 1-28-05, 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.

Code 99080-73 billed for date of service 5-25-04 was denied as "V – unnecessary medical"; however, per Rule 129.5, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter; therefore, recommend reimbursement of \$15.00.

Rule 134.202 (b) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additional or

exceptions in this section.” Rule 133.1(a)(3)(C) states that a complete medical bill includes correct billing codes from Commission fee guidelines in effect on the date of service. Rule 134.202 (e)(9) lists the valid Commission modifiers.

The requestor billed code 97139-EU for dates of service 3-23-04, 3-24-04, 5-21-04, and 6-7-04 and code 97750-MT for date of service 6-24-04. These modifiers are invalid after 8-1-03; therefore, no review and no reimbursement recommended.

ORDER

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 outlined above as follows:

- In accordance with Medicare program reimbursement methodologies per Commission Rule 134.202 (c);
- In accordance with TWCC reimbursement methodologies regarding Work Status Reports per Commission Rule 134.202 (e)(8);
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order.

This Order is applicable to dates of service 1-6-04 through 6-23-04 as outlined above in this dispute.

This Order is hereby issued this 17th day of March 2005.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

March 16, 2005

March 3, 2005

February 28, 2005

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

CORRECTED REPORT
Corrected disputed services.

Re: Medical Dispute Resolution
MDR #: M5-05-1423-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: IRO 5055

Dear Ms. ____:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is licensed in chiropractic, and is currently on the TWCC Approved Doctor List.

Sincerely,

Gilbert Prud'homme
General Counsel

GP:thh

REVIEWER'S REPORT
M5-05-1423-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- Office visits 06/27/03 – 06/30/04
- Daily progress notes 07/11/03 – 06/24/04
- Therapeutic procedure notes 07/02/03 – 06/23/04
- Treatment plan 07/30/03 – 04/30/04
- FCE's 07/22/03 – 06/24/04
- Radiology report 01/16/04

Information provided by Respondent:

- Designated doctor exams

Information provided by Orthopedic Surgeon:

- Office visits 01/12/04 – 04/20/04
- Operative reports 02/06/04 – 02/28/04

Information provided by Neurologist:

- Office visit 01/27/04

Information provided by Psychologist:

- Office visit 04/15/04

Clinical History:

The patient injured both knees and both arms in a work-related accident on _____. She was seen for evaluation on 06/27/03 complaining of left shoulder, left wrist, left thumb pain, as well as bilateral knee pain. She indicated that at the time she fell, her right knee hit the corner of the table, and it was extremely painful. The next day, the left shoulder and wrist hurt more. She was evaluated and an aggressive treatment program was begun.

Disputed Services:

95851-ROM measurements each extremity or trunk, 95852-ROM measurement of the hand, 98943-chiropractic manipulation, 99070-supplies and materials, 99211-office visit level I, 99212-office visit level II, 97110-therapeutic exercises, 97150-group therapeutic procedures, 99213-office visit level III, 97024-diathermy, 97124-massage therapy, 99080-required report, during the period of 01/06/04 – 06/24/04.

Decision:

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that the chiropractic manipulation in dispute was not medically necessary. All other testing, treatment, services and supplies in dispute as stated above were medically necessary in this case.

Rationale:

The records indicate the patient was originally injured on the job as described above. Appropriate evaluation was performed, and an aggressive treatment program was

begun. Sufficient diagnostic testing in the form of MRI's as well as electrodiagnostic testing was performed. Records indicate initially she had responded favorably; however, she did have an exacerbation of her condition, which required both knee and shoulder surgery.

The surgeries were performed, and a post-operative rehabilitation program was prescribed. There is sufficient documentation and medical necessity for this patient to receive the 95851-ROM measurement each extremity or trunk, 95852-ROM measurement of the hand, 99070-supplies and materials, 99211-office visit level I, 99212-office visit level II, 99213-office visit level III, 97110-therapeutic exercises, and 97150-group therapeutic procedures. On each date these services were performed, there is sufficient and adequate explanation and documentation to allow for this treatment. National treatment guidelines allow for this type of treatment for this type of injury and does allow for the postoperative rehabilitation services as listed above. However, there is no clinical justification based upon the records provided for the 98943-chiropractic manipulation.