

MDR Tracking Number: M5-05-1472-01

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 01-19-05.

Per Rule 133.308(e)(1) date of service 01-15-04 was not timely filed, therefore, will not be part of this review.

The requestor submitted an updated table of disputed services with the remaining services in dispute on 05-26-05 due to various services having been paid by the respondent. This table will be used for this review.

The IRO reviewed office visit-level II, chiropractic manual treatment spinal, therapeutic exercises, manual therapy technique, group therapeutic procedure, office visit-level III, ultrasound, neuromuscular re-education, massage therapy, electrical stimulation-unattended, chiropractic manipulation, mechanical traction, self care management training, chiropractic manipulative treatment, hot/cold pack therapy rendered from 01-21-04 through 05-10-04 that were denied based upon "V".

The IRO determined that the services in dispute for medical necessity for dates of service 04-01-04 through 05-10-04 **were** medically necessary. The IRO determined that the services in dispute for medical necessity for dates of service 01-21-04 through 03-25-04 as well as all office visits, and codes 98940, 97035, one unit of 97110 on 04-13-04, code 99212 on 04-15-04, code 98940 and one unit of 97110 on 04-21-04, code 99212 on 04-22-04, code 99213, two units of 97124 and 98940 on 04-23-04, code 99213 on 04-27-04, code 99213 on 04-28-04, code 99213 and two units of 97110 on 05-04-04, codes 98940, 97140 on 05-05-04, codes 99213, 97012 and 97535 on 05-07-04 **were not** medically necessary.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee. The amount of reimbursement due from the carrier for the medical necessity issues still pending based upon the updated table of disputed services submitted by the requestor on 05-26-05 equals **\$83.36**.

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 02-10-05, 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 97010 date of service 03-25-04 is listed on the table of disputed services. Code 97010 (hot/cold pack application) is a bundled service code and considered an integral part of a therapeutic procedure(s). No reimbursement is recommended.

CPT codes 99213, 99212, 98940, 97032, 97110, 97140, 97035, 97112 and 97150 dates of service 03-10-04, 03-15-04, 03-25-04, 04-01-04, 04-02-04, 04-06-04 and 05-10-04 denied with denial code "O/YO" (reimbursement was reduced or denied after reconsideration of treatment/service billed). The carrier has made no payment. Review of the services will be per Rule 134.202. Reimbursement is recommended in the amounts listed below per Rule 134.202(c)(1):

Code 99213 (03-10-04 and 05-10-04) recommend \$130.42 (\$65.21 X 2 DOS). The reimbursement per Rule 134.202(c)(1) is \$67.25 (\$53.80 X 125%), however the requestor billed \$65.21 for each DOS in dispute.

Code 99212 (03/15/04 and 03-25-04) recommend \$92.82 (\$46.41 X 2 DOS). The reimbursement per Rule 134.202(c)(1) is \$48.03 (\$38.42 X 125%), however the requestor billed \$46.41 for each DOS in dispute.

Code 98940 (03/15/04,04/02/04 and 04/06/04) recommend \$98.52 (\$32.84 X 3 DOS). The reimbursement per Rule 134.202(c)(1) is \$33.31 (\$26.65 X 125%), however the requestor billed \$32.84 for each DOS in dispute.

Code 97032 (03/25/04) recommend \$20.04 (\$16.03 X 125%)

Code 97110 (03/25/04,04/01/04,04/02/04, 04/06/04 and 05-10-04). Recent review of disputes involving CPT code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light of all of the Commission requirements for proper documentation. Reimbursement not recommended.

Code 97140 (03/25/04,04/01/04,04/02/04 and 05/10/04) recommend \$135.60 (\$33.90 X 4 DOS). The reimbursement per Rule 134.202(c)(1) is \$33.91 (\$27.13 X 125%), however the requestor billed \$33.90 for each DOS in dispute.

Code 97035 (04/01/04 and 04/02/04) recommend \$31.12 (\$15.56 X 2 DOS). The reimbursement per Rule 134.202(c)(1) is \$15.78 (\$12.62 X 125%), however the requestor billed \$15.56 for each DOS in dispute.

Code 97112 (04/01/04 and 04/02/04) recommend \$73.38 (\$36.69 X 2 DOS). The reimbursement per Rule 134.202(c)(1) is \$36.75 (\$29.40 X 125%), however the requestor billed \$36.69 for each DOS in dispute.

Code 97150 (04/01/04) recommend \$22.54 (\$18.03 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 for dates of service 03-10-04 through 05-10-04 totaling \$687.80 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 Findings and Decision and Order are hereby issued this 6th day of June 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

Envoy Medical Systems, LP

1726 Cricket Hollow

Austin, Texas 78758

Phone 512/248-9020

Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 17, 2005

Re: IRO Case # M5-05-1472 -01 amended 5/26/05 due to changes in assignment, 5/27/05

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, Rule 133.308 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 physician who is Board Certified in Physical Medicine and Rehabilitation, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. 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. Denial letters
3. IME, 10/10/03 Dr. Whitsell
4. DDE 10/4/04, Dr. Smith
5. Operative report 3/2/04
6. Medical records, 1/04 - 5/04, Dr. Sahli
7. Handwritten clinic notes, Texas Pain Solutions
8. Electrodiagnostic testing report 4/1/03
9. MRI right shoulder report 8/19/03
10. MRI cervical spine report 1/21/03
11. Clinic notes, Dr. Elbaz

History

The patient is a 35-year-old male who injured his neck and shoulder in ___ when he was moving and lifting some heavy pipes and felt a pop in his neck. He received conservative treatment, including chiropractic, modalities and physical therapy. He also saw a pain management physician who recommended cervical medial branch blocks and cervical epidural steroid injections. No records regarding these treatments were provided for this review. An MRI of the cervical spine showed a 1mm posterior bulge at C2-3. An MRI of the right shoulder was unremarkable. The patient continued to have shoulder pain. The patient was referred to an orthopedic surgeon, and surgery was performed for the patient's impingement syndrome on 3/2/04. The patient was also found to have a SLAP lesion that was repaired, as well as subacromial decompression.

Requested Service(s)

Office visit level II, chiropractic manual treatment spinal, therapeutic exercises, manual therapy technique, group therapeutic procedure, office visit level three, ultrasound, neuromuscular reeducation, massage therapy electrical stimulation unattended, chiropractic manipulation, mechanical traction, self care management training, chiropractic manipulative treatment, hot/cold pack therapy 1/21/04 – 5/10/04

Decision

I agree with the carrier's decision to deny the requested services 1/21/04 – 3/25/04.

I agree with the decision to deny all of the requested office visits.

I agree with the decision to deny code 97150 on 4/1/04, codes 98940, 97112 and one unit of 97110 on 4/2/04, code 98940 on 4/6/04, codes 98940, 97035 and one unit of 97110 on 4/13/04, code 99212 on 4/15/04, code 98940 and one unit of 97110 on 4/21/04, code 99212 on 4/22/04, code 99213, two units of 97124, and 98940 on 4/23/04, code 99213 on 4/27/04, code 99213 on 4/28/04, code 99213 and two units of 97110 on 5/4/04, codes 98940, 97140 on 5/5/04, codes 99213, 97012 and 97535 on 5/7/04, code 99213 on 5/10/04

I disagree with the decision to deny the rest of the requested services 4/1/04 – 5/10/04

Rationale

The patient's injury occurred in ____. Shortly after his injury he began conservative treatment with his D.C., with chiropractic treatment and physical therapy. The records provided for this review do not show why the physical therapy needed to continue over one year after injury. Based on the records provided, formal, supervised physical therapy was not benefiting the patient. He could have been continued on a home exercise program.

After the patient's SLAP lesion repair and subacromial decompression surgery on, he was cleared by his orthopedic surgeon on 3/25/04 to begin ROM exercises and modalities. He was then progressed to active physical therapy on 4/19/04. Physical therapy after the 3/25 date would be medically reasonable and necessary for no more than one hour per session. The treatment would include passive modalities and active physical therapy. Physical therapy beyond one hour three times per week would not be medically necessary or reasonable. Office visits are not necessary at the time of physical therapy treatment.

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

Sincerely,

Daniel Y. Chin, for GP