

MDR Tracking M5-05-1506-01

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 01-20-05.

Date of service 12-11-03 CPT code 97750 per Rule 133.308(e)(1) was not timely filed and will not be part of the review.

The IRO reviewed work hardening and work hardening each additional hour rendered from 01-26-04 through 02-10-04 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. The amount of reimbursement for the medical necessity issues equals **\$4,608.00**.

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 03-03-05, 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 97545WH-CA and 97546-WH-CA date of service 02-11-04 revealed that neither party submitted EOBs. Per Rule 133.307(e)(2)(B) there was no convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement is recommended.

CPT code 97545-WH-CA and 97546-WH-CA date of service 03-22-04 denied with denial code "N(880-102)" (not appropriately documented. Denied per insurance: lack of

sufficient documentation of services rendered). The requestor did not submit documentation for review. No reimbursement is recommended.

CPT code 97750-FC (2 units) date of service 04-06-04 denied with denial code "F" (fee guideline MAR reduction). The carrier has made a payment of \$71.40. Per Rule 134.202(c)(1) reimbursement is \$73.50 ($\$29.40 \times 125\% = \$36.75 \times 2 \text{ units} = \73.50). Additional reimbursement is recommended in the amount of **\$2.10**.

This Findings and Decision is hereby issued this 18th day of April 2005.

Medical Dispute Resolution Officer
Medical Review Division

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 from 01-26-04 through 04-06-04 totaling **\$4,610.10** 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 Order is hereby issued this 18th day of April 2005.

Medical Necessity Team Manager
Medical Review Division

Enclosure: IRO Decision

Z iro C

A Division of ZRC Services, Inc.

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Austin, Texas 78731

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April 14, 2005

TWCC Medical Dispute Resolution
Fax: (512) 804-4868

Patient: _____
TWCC #: _____
MDR Tracking #: M5-05-1506-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed physician certified and specialized in chiropractic care. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Request for MDR, TWCC-60, EOB's, HCFA-1500's, daily notes and exam notes from Total Rehab Institute, PA, medical notes from Joseph Valdez MD, medical notes from Ana Allison MD, orthopedic notes and surgical notes from Merrimon Baker MD, Left knee MRI, Left knee X-ray.

CLINICAL HISTORY

The patient was on a second story of a scaffold washing a wall when another scaffold to the right of him began to collapse and fall toward him. The patient jumped out of the way, but fell to the ground, landing on a pile of bricks with his knee.

DISPUTED SERVICES

Under dispute is the medical necessity of work hardening-97545-WH-CA and work hardening each additional hour-97546-WH-CA from dates of services 1/26/2004 thru 2/10/2004.

DECISION

The reviewer disagrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

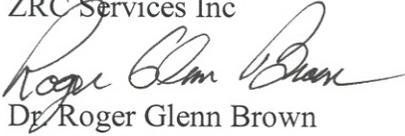
Due to the information from the MRI dated 7/3/2003, the mechanism of injury, and the surgical notes, the next appropriate course of treatment would be post surgical rehab, then progression into a work conditioning/work hardening program which was what the treating doctor recommended. I do feel, however, that the timeline moved too slow protracting out treatment and rehab. There did not appear to be any paperwork from the insurance company refuting medical necessity or peer reviews denying service. Should any other documentation become available, then I will revisit this case.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding a copy of this finding by facsimile to the TWCC.

Sincerely,
ZRC Services Inc

A handwritten signature in black ink, appearing to read "Roger Glenn Brown". The signature is written in a cursive style with a large initial "R".

Dr. Roger Glenn Brown
Chairman & CEO

RGB:dd