

MDR Tracking #M5-05-1519-01

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 01-24-05.

The IRO reviewed group therapeutic procedures, massage therapy, therapeutic exercises, office visit, nonprescription drug, knee range of motion with report, physical performance test, diathermy and mechanical traction rendered from 01-28-04 through 06-29-04 that were denied based upon "V".

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.

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 02-16-04, 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 date of service 01-28-04 denied with denial code "F/TD" (fee guideline MAR reduction/the work status report (TWCC 73) was not properly completed or was submitted in excess of the filing requirements, therefore, reimbursement is denied per Rule 129.5). The requestor did not submit a copy of the work status report for review, therefore it cannot be determined if the report was properly completed. No reimbursement is recommended.

CPT code 97139-EU dates of service 01-29-04 through 04-21-04 denied with denial code "U" (unnecessary treatment without peer review). Per 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 additions or exceptions in this section. The modifier EU is invalid, therefore no reimbursement is recommended.

CPT code 99211 date of service 03-22-04 denied with denial code “Y/MU” (physical medicine and rehabilitation services may not be reported in conjunction with an evaluation and management code performed on the same day). Per Ingenix Encoder Pro.Com code 99211 can be reported on the same day as a physical medicine and rehabilitation service. Reimbursement per Rule 134.202(c)(1) is \$24.44 (\$19.55 X 125%), however, the requestor billed \$23.35, therefore reimbursement is recommended in the amount of **\$23.35**.

CPT code 98943 date of service 03-31-04 denied with denial code “G/05” (the value of the procedure is included in the value of another procedure performed on this date). Per Rule 133.304(c) and 134.202(a)(4) the carrier did not specify which service code 98943 was global to. Reimbursement is recommended in the amount of **\$27.97**.

### **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 03-22-04 and 03-31-04 totaling **\$51.32** 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 28th day of April 2005.

Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO Decision

# Z iro C

**A Division of ZRC Services, Inc.**  
**7626 Parkview Circle**  
**Austin, Texas 78731**  
Phone: 512-346-5040  
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### **AMENDED DECISION**

**May 12, 2005**  
April 26, 2005

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

Patient: \_\_\_\_\_  
TWCC #: \_\_\_\_\_  
MDR Tracking #: M5-05-1519-01  
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**

1. Records from the Back and Joint Clinic including daily treatment notes, re-evaluations.
2. Complete IRO submission from the Back and Joint Clinic.
3. Records from Texas Mutual Insurance Company.
4. Records from the Suchowecky Center.
5. Peer review from Mark Perkercom, M.D.
6. Impairment rating from Robert Wilkerson, M.D. dated 11/21/03.
7. Impairment rating from Peter Foom, M.D. dated 10/29/04 with a 9% whole person impairment rating.

#### **CLINICAL HISTORY**

The patient was injured on the job on \_\_\_\_\_. He was operating a truck when he injured his left knee, jaw, cervical spine, and lumbar spine. He has undergone treatment for TMJ by Dr. Ross, a dental surgeon. MRI scan of the left knee revealed a small tear of the posterior horn of the medial meniscus. He presented to Paul Roquet, M.D. on \_\_\_\_\_. Radiographs were performed of his chest, cervical spine, thoracic spine, and knee. He presented to the Back and Joint Clinic on 10/10/03, at which time an extensive course of chiropractic treatment was initiated. In total the patient was seen at the Back and Joint Clinic for approximately 68 visits from 10/10/03 through 06/29/04. The patient underwent arthroscopic surgery of the knee on 01/08/04. Subsequent to arthroscopic surgery, the patient was seen for 42 visits of postoperative treatment at the Back and Joint Clinic.

#### **DISPUTED SERVICES**

Under dispute is the medical necessity of treatment at the SDC Back and Joint Clinic from dates of service 01/28/04 through 06/29/04. The carrier paid for partial services throughout these dates of service to include multiple units of therapy to exercise, 97110-therapeutic exercises, 97124-

massage therapy, and 97150-group therapeutic procedures. The provider was paid up to 3 units of 97110 on each daily treatment. Disputed services include 5 additional units of therapeutic exercises on each office visit as well as 97024-diathermy and 97124-massage therapy.

### **DECISION**

The reviewer agrees with the determination of the insurance carrier.

### **BASIS FOR THE DECISION**

It is my opinion that the additional services disputed by the treating doctor are not medically necessary. It is my opinion that this claimant's postoperative therapy as paid by the carrier is reasonable. It is not reasonable to perform 8 units of 97110, which includes supervised exercises for each office visit. The daily clinical records, including exercise logs, do not reflect the need for 1-on-1 supervision throughout the entire course of care. The exercises performed do not require 1 hour and 45 minutes of supervision, as the exercises are essentially unchanged, and there is no indication that 1-on-1 supervision is indicated. Additional services rendered by the provider are not indicated, and the amount of treatment approved and paid by the carrier seems sufficient for the injuries sustained.

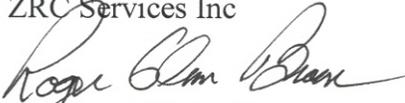
Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

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



Dr. Roger Glenn Brown  
Chairman & CEO