

MDR Tracking Number: M5-05-1539-01

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 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. The dispute was received on 1-21-05.

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.

The office visits, arthrocentesis aspiration and/or injection of major joint, arthroscopy, shoulder, surgical, decompression; arthroscopy, shoulder, surgical, distal claviclectomy from 2-12-04 through 3-5-04 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. The amount due the requestor for the medical necessity issues is

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute 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 3-7-05 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.

Regarding CPT codes 99213-25 and 20610 on 2-24-04: These services were denied as "R" – services rendered do not relate to a compensable injury. The diagnosis codes on the HCFA for this date of service are 726.2 and 726.10 which both refer to shoulder injuries. The medical notes affirm that the injured worker received services to the right shoulder. A CCH on 9-8-04 states that the "compensable injury includes a cervical injury with right cervical radiculitis." A TWCC 21 dated 10-21-03 also affirms that the IC accepts the right shoulder as the compensable injury. **Recommend reimbursement according to Rule 134.202 of \$68.24 for CPT code 99213-15 and \$88.61 for CPT code 20610.** The total due the requestor for the fee services is \$156.85.

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 totaling \$1,972.99 for 2-12-04 through 3-5-04 outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after 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 and Order is hereby issued this 1st day of April 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

March 31, 2005

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

Re: Medical Dispute Resolution
MDR #: M5-05-1539-01
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 board certified in Orthopedic Surgery, and is currently on the TWCC Approved Doctor List.

Sincerely,

Gilbert Prud'homme
General Counsel

GP:thh

REVIEWER'S REPORT
M5-05-1539-01

Information Provided for Review:

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

Information provided by Requestor:

Office notes 02/12/04 – 12/10/04

Operative report 03/05/04

Information provided by Respondent:

Designated doctor reviews

Summary of position 02/15/04 & additional information 03/16/05

TWCC status report 10/23/03

S.O.A.P. note 02/19/04

Nurse review of medical records 09/08/03

H&P and FCE (Occupational Medicine) 09/23/03

Chiropractic records review 09/14/03

Medical evaluation 04/20/04

Clinical History:

The claimant is a 51-year-old woman who was at work on ____, slipped on a wet surface, fell backwards, and landed hard against a heavy dish rack. She injured her right elbow, shoulder and neck. The patient was found to have right C7/C8 radiculopathy, possible carpal tunnel syndrome of right upper extremity, and subacromial impingement syndrome. After failing conservative management for her shoulder, she underwent a right shoulder arthroscopy with excision of the distal clavicle and arthroscopic acromioplasty.

Disputed Services:

Office visits; arthrocentesis aspiration and/or injection of major joint, arthroscopy, shoulder, surgical, decompression; arthroscopy, shoulder, surgical, distal claviclectomy during the period of 02/12/04 thru 03/05/04.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the office visits and procedures in dispute as stated above were medically necessary in this case.

Rationale:

The patient suffered a complication of her injury of subacromial impingement syndrome. She was adequately treated, had appropriate workup, and appropriate surgical management after failing conservative management. The reviewer disagrees with the independent medical report that questions the validity of the shoulder treatment and agree with the medical examination by Dr. Aurora who felt, after examining the patient, that shoulder surgery was reasonable and appropriate.

Screening Criteria/Treatment Guidelines/Publications Utilized:

ACOEM Guidelines as well as the reviewer's clinical experience as a fellowship-trained upper extremity orthopedic surgeon and board certified in orthopedic surgery were used in standards for making this decision.