



Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity and Fee Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: Dr. Patrick R.E. Davis 115 W. Wheatland Road Suite 101 Duncanville, Texas 75116	MDR Tracking No.: M5-05-1609-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Dallas ISD Box 42	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.: 2003032100

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 dispute package
POSITION SUMMARY: Per the table of disputed services "Documentation supports medical necessity"

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

No response was received from the Respondent

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
02-20-04 to 03-26-04	E1399 (TENS pads) (8 pads found to be reasonable and necessary)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$32.00
02-20-04 to 03-26-04	E1399 (TENS pads) (16 pads found to not be reasonable and necessary)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor **did not prevail** on the **majority** of the disputed medical necessity issues.

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 Medical Dispute Resolution.

On 03-17-05, 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.

Per Rule 133.308(e)(1) dates of service 01-26-04 through 01-30-04 were not timely filed and will not be a part of the review.

Note: The Requestor was contacted prior to issuance of the Findings and Decision to verify if any additional payments had been made by the Respondent. To date no reimbursement has been made.

CPT code 97110 dates of service 02-02-04 (5 units), 02-03-04 (5 units), 02-04-04 (5 units), 02-05-04 (5 units), 02-09-04 (5 units), 02-11-04 (5 units), 02-16-04 (5 units), 02-20-04 (5 units), 02-23-04 (5 units), 02-25-04 (5 units), 02-27-04 (5 units), 03-01-04 (5 units), 03-03-04 (2 units), 03-05-04 (5 units), 03-10-04 (5 units), 03-12-04 (5 units), 03-23-04 (5 units), 03-24-04 (5 units) and 03-26-04 (6 units) denied with denial code "F/72" (Fee Guideline MAR reduction). 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. 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 Division requirements for proper documentation. The requestor submitted documentation for review that supports exclusive one-on-one treatment. Reimbursement is recommended in the amount of **\$3,440.07 (\$36.99 X 93)**.

CPT code 97140 dates of service 02-02-04, 02-03-04, 02-09-04, 02-11-04, 02-20-04, 02-27-04, 03-01-04, 03-03-04, 03-10-04 and 03-23-04 denied with denial code "F1" (Fee Guideline MAR reduction). The carrier has not made any payments. Reimbursement is recommended in the amount of **\$341.22 (\$34.13 X 9 DOS and \$34.05 X 1 DOS)**.

CPT code 97530 date of service 02-06-04, CPT code 97140 date of service 02-13-04 and CPT code 97112 date of service 02-13-04 denied with denial code "G2" (included in global). The requestor did not submit a copy of the CMS 1500 billed on any of the dates of service in dispute per Rule 133.307(e)(2)(A), therefore, no determination can be made whether the services are or are not global to any other service billed. No reimbursement recommended.

CPT code 97110 dates of service 02-13-04 (6 units) and 03-08-04 (5 units) denied with denial codes "N/75 and N/72" (not appropriate documented). Per Rule 133.307(g)(3)(A-F) the requestor submitted documentation supporting the services in dispute. Reimbursement is recommended in the amount of **\$405.89 (\$36.99 X 11 units)**.

Review of services billed on 02-18-04 (CPT codes 97140, 97112, 97035 and 97110) revealed that neither party submitted a copy of EOBs. Per Rule 133.307(e)(2)(B) the requestor did not provide convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement is recommended.

CPT code 99215 dates of service 02-20-04 and 03-26-04 denied with denial code "N11" (not appropriate documented). Documentation submitted by the Requestor per Rule 133.307(g)(3)(A-F) supports the services in dispute. Reimbursement is recommended in the amount of **\$307.52 (\$153.76 X 2 DOS)**.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 133.307(g)(3)(A-F), (e)(2)(A) and (e)(2)(B) and 134.202(c)(1)

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is entitled to reimbursement in the amount of \$4,526.70. The Division finds that the requestor was not the prevailing party and is not entitled to a refund of the IRO fee. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30 days of receipt of this Order.

Ordered by:

02-06-06

Authorized Signature

Date of Order

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.



A Division of ZRC Services, Inc.
7626 Parkview Circle
Austin, Texas 78731
Phone: 512-346-5040
Fax: 512-692-2924

May 17, 2005

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

Patient: _____
TWCC #: _____
MDR Tracking #: M5-05-1609-01
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 Provider board certified and specialized in chiropractic. 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. Medical Dispute Resolution Request.
2. Table of Disputed Services, 1-26-04 through 3-26-04.
3. EOBs, 2-2-04 through 3-26-04.
4. Operative report, 10-16-03.
5. Medical reports from Patrick Davis, DC, 1-26-04 through 4-23-04.
6. Medical reports from Charles Willis, M.D., 2-12-04 and 3-4-04.

CLINICAL HISTORY

Based on the records provided, the claimant was physically restraining a confrontational student when he injured his left shoulder. The patient was evaluated by John Tenny, M.D. The patient was prescribed medication, rest, and referred for an MRI. MRI revealed a massive rotator cuff disruption with complete avulsion of the tendon and two separate longitudinal splits of the tendon, partial biceps tear was synovitis and labral tear of the left shoulder, and arthropathy of the left acromioclavicular joint and glenohumeral joint.

On 10-16-03, the patient underwent open rotator cuff repair, arthroscopic debridement of partial biceps tear, labral tear, and synovitis, and arthroscopic distal clavicle resection. The surgery was performed by John Tenny, M.D.

On 1-26-04, the patient was evaluated by Patrick Davis, DC. According to the records, the patient did not previously participate in postoperative rehabilitation following the 10-16-03 surgery. The patient changed treating doctors to Dr. Davis and postoperative rehabilitation was implemented including passive modalities and active based exercise. A home TENS unit rental was prescribed from 1-26-04 through 5-23-04. According to the records, the patient improved subjectively, objectively, and functionally. The patient returned to gainful employment and was discharged on 4-23-04 independent with a home exercise program and an additional month rental of a TENS unit.

DISPUTED SERVICES

Under dispute is the medical necessity of CPT codes E1399 TENS pads for EMS unit for the dates 1-26-04 through 3-23-04.

DECISION

The reviewer partially agrees with the insurance carrier's decision. If properly stored, electrical stimulation pads will typically last one week if used 5-6 times per day. Four pads per month would suffice; therefore, 8 pads were reasonable and necessary. In the Reviewers medical opinion, > 8 TENS pads between 1-26-04 and 3-23-04 would be excessive.

BASIS FOR THE DECISION

There is insufficient medical evidence to support electrical modalities and supplies in the treatment of chronic shoulder pain (Philadelphia Panel of Physical Therapy and British Medical Journal Guidelines). For this reason, use of electrical modalities in the treatment of shoulder pain should be time-limited. Certainly, the initial eight weeks would be reasonable; however, there is

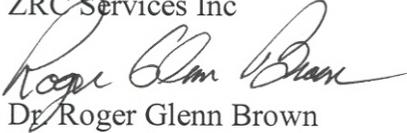
insufficient evidence to support TENS rental with supplies (E1399) greater than eight weeks.

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