

MDR Tracking Number: M5-05-1621-01

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 02-03-05.

The IRO reviewed office visits, therapeutic exercises, neuromuscular re-education and physical performance testing rendered from 03-12-04 through 11-02-04 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 03-02-05, 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 99080-73 dates of service 06-02-04, 08-06-04, 09-07-04 and 10-06-04 denied with either denial code "V" (unnecessary medical with peer review) or "U" (unnecessary medical without peer review). Per Rule 129.5 the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. Reimbursement is recommended in the amount of **\$60.00**.

Review of CPT code 97750 date of service 10-14-04 revealed that neither party submitted an EOB. Per Rule 133.307(e)(2)(B) there was no convincing evidence that the carrier was in receipt of the providers request for an EOB. No reimbursement is recommended.

Review of CPT code 97110 date of service 10-24-04 revealed that neither party submitted an EOB. Per Rule 133.307(e)(2)(B) there was no convincing evidence that the carrier was in receipt of the providers request for an EOB. Recent review of disputes involving CPT code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings 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 (MRD) has reviewed the matters in light of the Commission requirements for proper documentation. No reimbursement is recommended.

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 06-02-04, 08-06-04, 09-07-04 and 10-06-04 totaling **\$60.00** 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 20th day of April 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758
Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 15, 2005

Re: IRO Case # M5-05-1621

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, Rule133.308 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 TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. 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 service
2. Explanation of benefits
3. Peer review 1/14/05 Dr. Sato
4. Chiropractic modality reviews 12/22/04 Dr. Sato, 4/12/04 Dr. Marr
5. DDE report 3/16/04 Dr. Sedighi
6. Records review 5/26/04, Dr. Armstrong
7. H & P report, Dr. Armstrong, 2/9/04
8. PPE reports 10/10/04, 8/26/04, 7/15/04, 5/20/04, 2/19/04
9. Daily notes 3/12/04 – 12/4/04
10. Physical therapy reports 2/17/04 – 6/23/04
11. Patient handouts for physical therapy exercises
12. Medical records 7/3/03 – 12/15/03, Dr. Mitchell
13. MRI left leg 2/28/04
14. Bone scan 4/13/04
15. CT scan left tibia/fibula 6/15/04
16. Electrodiagnostic consult report, 10/19/04, Dr. Nosnik
17. Office note, 7/6/04, Dr. Armstrong
18. Medical records 8/12/04, 3/25/04, 7/21/04, Dr. Cunningham
19. Office note 11/3/04, Dr. Arriens
20. Office notes 8/13/04 – 10/6/04, Dr. Liang

History

The patient is a 48-year-old male who injured his leg and fractured his tibia in _____. He was placed in a long-leg cast for four weeks, and then a short-leg walking cast. The patient was followed monthly by his orthopedic surgeon, with monthly x-rays. In the last monthly office note from the orthopedic surgeon on 12/15/03, it was reported that he

fracture was not fully healed, but was healing satisfactorily. The patient was released to light duty at that time and told to follow up in six weeks. The patient then began treatment with a chiropractor, and was referred to another orthopedic surgeon for evaluation. Testing was ordered to rule out RSD.

Requested Service(s)

Office visits, therapeutic exercises, neuromuscular re education, physical performance testing 3/12/04 = 11/2/-4

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient suffered a left tibia fracture, which was complicated by non union. His treatment included a long cast for a month, and then a short leg cast. It is unclear from the records provided how long the patient remained in the short cast. The patient stopped seeing his orthopedic surgeon, and began treatment with a chiropractor, including exercises in January 2004. With two months of physical therapy, the patient could have been discharged to a home exercise program to continue exercises on his own. According to the notes provided, the patient apparently was doing the same exercises every session, without variation or change. At a designated doctor evaluation on 3/16/04, the patient reported that he was not experiencing significant benefit from the D.C.'s treatment. On 3/25/04 another orthopedic surgeon recommended aggressive range of motion exercises for the patient's ankle. Again, according to the physical therapy notes, it does not appear that the treatment changed at all. The patient continued to do the same exercises he had been doing for months. Continued supervised physical therapy exercises would not be needed beyond the first six to eight weeks of therapy. The patient should have been transitioned to a home exercise program and discharged.

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

Daniel Y. Chin, for GP