

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 2-7-05.

The IRO reviewed chiropractic manipulations, therapeutic activities, mechanical traction, massage, and ultrasound on 2-13-04 to 3-5-04.

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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 2-25-05, 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.

Code 99455-VR billed for date of service 3-5-04 was denied as V, unnecessary treatment. CPT code 99455-VR is a TWCC required service and not subject to an IRO review; therefore the carrier denied inappropriately. The billing of code 99455-VR is in compliance with Rule 134.202(e)(6)(F); therefore, recommend reimbursement of \$50.00.

Code 99080-69 billed for date of service 3-5-04 was denied as V, unnecessary treatment. Rule 134.202(e)(6) states that the reimbursement for MMI/IR examinations includes, 'the preparation and submission of reports (including the narrative report, and responding to the need for further clarification, explanation, or reconsideration), calculation tables, figures, and worksheets.' As a result, there is not a separate reimbursement for completing the TWCC-69. 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. Rule 133.1(a)(3)(C) states that a complete medical bill includes correct billing codes from Commission fee guidelines in effect on the date of service. No reimbursement recommended.

## **ORDER**

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 outlined above for dates of service 2-13-04 to 3-5-04 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 Order is hereby issued this 1st day of April 2005.

Dee Z. Torres  
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**

March 30, 2005

**Re: IRO Case # M5-05-1642 -01**

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, Rule 133.308 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 Doctor of Chiropractic who is licensed in Texas, 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 services
2. Explanation of benefits
3. FCE 12/17/03
4. Peer review 2/3/04 Dr. O’Kelley
5. TWCC work status reports
6. Progress reports Dr. Hudgins
7. MMI /IR report 3/3/04 Dr. Bronson
8. Report 6/21/04 Dr. Sazy
9. Request for reconsideration 9/29/04 Dr. Hudgins
10. Daily progress notes, Dr. Hudgins
11. Therapeutic exercise records Dr. Hudgins
12. CT report 8/10/04
13. MRI reports thoracic and cervical spine 12/20/04
14. Medication list for patient
15. Report 8/19/03 Dr. Walter
16. CT reports thorax and abdomen 2/5/04
17. Records from MRI group

History

The patient is a 64-year-old female who injured her neck, upper back and lower back in November 2003 when she tried to catch a dog, stepped on a concrete slab and fell. CT and MRI evaluation have been obtained. She has been treated with chiropractic manipulation, exercise, and medication.

Requested Service(s)

Chiropractic manipulation, therapeutic activities, mech traction, massage, ultrasound 2/13/04 – 3/5/04.

Decision

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

Rationale

Based on the records provided for this review, the patient appears to have responded very well to treatment from her D.C., with return to work. Based on the patient's age and degenerative changes in her neck and upper back, flare ups will continue to occur, necessitating chiropractic treatment to temporarily relieve the patient's symptoms and maintain employment.

Due to the extent of her injury, age and degenerative changes throughout her spine, treatment was reasonable and necessary. Treatment, based on the documentation, was objectively measured and demonstrated functional gains, and returned the patient to work.

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

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Daniel Y. Chin, for GP