

Code 99212 billed for date of service 2-17-04 denied as 'F84, ... please submit with the appropriate manipulation cpt code specific to the number of region/body/area(s) noted on the claim." A manipulation was not performed on this day per the daily notes. Recommend reimbursement of \$39.19 x 125% = \$49.99.

Code 99211 was listed on the table of disputed services for 2-18-04 and code 98941 was listed on the table of disputed services for 2-23-04. Per the HCFA, these codes were not billed on these dates of service. The original HCFA and the request for reconsideration HCFA show code 99212 on 2-18-04 and 98940 and 98943 on 2-23-04. Therefore, no review will be made and no reimbursement recommended.

Code 97140-59 billed for date of service 2-20-04 denied as 'G2, Per the NCC policy, you can not unbundle codes when there is a code that is adequate for both procedure or included in the procedure." Per 2002 MFG, a modifier is allowed for this code when billing with code 98941. The requestor billed with a modifier; therefore, recommend reimbursement of \$34.13.

99212 billed on 3-24-04 had no EOB submitted by either party (EOB and daily note shows code billed as 99213 but HCFA shows 99212). The requestor did not submit convincing evidence of carrier receipt of a request for EOB. Therefore, no reimbursement recommended.

PART IV: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to a refund of the paid IRO fee in the amount of \$460.00. The Division hereby **ORDERS** the insurance carrier to remit the amount of \$647.27 plus all accrued interest due at the time of payment to the Requestor within 20 days of receipt of this Order.

Ordered by:

Dee Z. Torres

8-12-05

Authorized Signature

Typed Name

Date

PART V: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____

PART VI: YOUR RIGHT TO REQUEST A HEARING

YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with all or part of this decision, you have the right to appeal the decision. Those who wish to appeal decisions that were issued during the month of August 2005, should be aware of changes to the appeals process, which take effect September 1, 2005.

House Bill 7, recently enacted by the 79th Texas Legislature, provides that an appeal of a medical dispute resolution order that is not pending for a hearing at the State Office of Administrative Hearings (SOAH) on or before August 31, 2005 is not entitled to a SOAH hearing. This means that the usual 20-day window to appeal to SOAH, found in Commission Rule 148.3, will be shortened for some parties during this transition phase. If you wish to seek an appeal of this medical dispute resolution order to SOAH, you are encouraged to have your request for a hearing to the Commission as early as possible to allow sufficient time for the Commission to submit your request to SOAH for docketing. A request for a SOAH hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas 78744 or faxed to 512-804-4011. A copy of this Decision should be attached to the request.

Beginning September 1, 2005, appeals of medical dispute resolution 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.

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

July 28, 2005

Texas Workers Compensation Commission
MS48
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1609

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-05-1711-01
TWCC #: _____
Injured Employee: _____
Requestor: Southeast Health Services, Inc.
Respondent: Risk Management
MAXIMUS Case #: TW05-0124

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The MAXIMUS chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 69-year old female who sustained a work related injury to her back on _____. The patient reported she tripped on a curb and landed on her back and struck the back of her head on the cement. She also reported a brief loss of consciousness. She was treated with manual therapy, therapeutic exercise, therapeutic activities and ultrasound therapy. She continued with neck pain radiating into the left shoulder and low back pain. The diagnoses for this patient include chronic neck pain, low back pain, cervical radiculopathy, and left AC joint arthrosis. An MRI on 2/13/04 reported mild loss of disc height in the C5-6 disc and bilateral neural foraminal stenosis at C4-5 and C5-6.

Requested Services

Manual therapy technique (97140-59), therapeutic exercise (97110), therapeutic activities (97530), office visit (99213) and ultrasound therapy (97035) from 2/17/04-3/24/04.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. SOAP Notes - 1/8/02-3/24/04
2. Initial Consultation – 1/8/04, 3/2/04
3. Treatment Plan – 2/4/04, 3/1/04
4. Impairment Rating – 3/31/04
5. Cervicothoracic Diagnosis Related Estimates – 3/31/04
6. Stabilization – 1/26/04-3/10/04
7. Open MRI – 2/13/04
8. Active Rehabilitation Program Exercises

Documents Submitted by Respondent:

1. Explanation of Benefits

Decision

The Carrier's denial of authorization for the requested services is overturned.

Rationale/Basis for Decision

The MAXIMUS chiropractor reviewer noted that the case concerns a 69-year old female who sustained a work related injury to her back on _____. The MAXIMUS chiropractor reviewer explained that according to the American Spine Society guidelines for unremitting low back pain, the initial phase of treatment after the onset of symptoms can last 6-12 weeks and can include manual therapy, passive modalities, injection, electrical nerve stimulation, and therapeutic exercises. The MAXIMUS chiropractor reviewer also explained that the treatments provided to this patient were rendered fully within the accepted guidelines of the National Spine Society. The MAXIMUS chiropractor reviewer indicated that the services provided to the patient from 2/17/04-3/24/04 were medically necessary for treatment of her condition.

Therefore, the MAXIMUS physician consultant concluded that the manual therapy technique (97140-59), therapeutic exercise (97110), therapeutic activities (97530), office visit (99213) and ultrasound therapy (97035) from 2/17/04-3/24/04 were medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Lisa Gebbie, MS, RN
Appeal Officer, State Appeals