

MDR Tracking Number: M5-05-1782-01

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 (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 2-25-05.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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, therapeutic exercises and massage therapy from 2-25-04 through 6-18-04 **were found** to be medically necessary. The office visits, therapeutic exercises, massage therapy after 6-18-04 and chiropractic manipulations **were not 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 \$906.71.

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 3-22-05 the Medical Review Division submitted a Notice to the 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 97035, 97250 and 99213 on 3-24-04: Neither the carrier nor the requestor provided EOB's. The Requestor did not provide HCFA's. There is no "convincing evidence of the carrier's receipt of the request for reconsideration" according to 133.307 (g)(3)(A). **No reimbursement recommended.**

Regarding CPT code 97110 on 3-24-04: 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. 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 has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly

delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. **No reimbursement recommended.**

CPT code 99455 for date of service 6-18-04 was denied by the carrier with a “U -unnecessary medical treatment and an “N-needs additional documentation”. According to Rule 134.202(e)(6)(B)(iii), this exam is not subject to IRO review. A referral will be made to Compliance and Practices for this violation. Per Rule 133.307 (g) (3)(B) the additional documentation shall include a copy of any pertinent medical records or other documents relevant to the fee dispute. Requestor did not submit relevant documentation to support level of service or service rendered per Rule 133.307(g)(3)(B). **No reimbursement recommended.**

CPT code 99080-69 on 6-18-04 was denied as “N” – Not appropriately documented. The requestor did not submit a copy of this report, therefore documentation could not be verified. **No reimbursement recommended.**

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 \$906.71 for 2-25-04 through 6-18-04 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 16th day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

April 26, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-05-1782-01
IRO #: 5284

Specialty IRO 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 Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO 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 Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

According to the records reviewed, the injured employee, Mr. ____, was injured on ____ while working for _____ as a mechanic. The patient was checking the engine compartment of a bus that he was working on when he fell down into a five-foot mechanic pit. The patient was initially seen at the emergency room for his injuries. Mr. ____ sustained injuries to his head,

neck, shoulder, and lower back. Mr. ___ then sought the care of Dr. Al-Sahli. The patient underwent MRI's to the brain, lumbar, cervical, and right shoulder showing numerous disc lesions to the cervical and lumbar areas, fluid filled structure in the brain, and transverse defect of the right glenoid of the shoulder. Electrodiagnostic studies were also performed on Mr. _____. The patient underwent physical medicine and therapies for his injuries. The patient also had epidural injections to the cervical and lumbar regions as well as medications for his injuries.

Numerous treatment notes, diagnostic tests, staffing notes, evaluations, and other documentation were reviewed for this file. Specific records identified include but are not limited to the following:

Medical Dispute Resolution Paperwork; TWCC-60; EOB's from the Insurance Carrier; Flahive, Ogden & Latson letter; Dispute Statement from Dr. Al-Sahli; Records from NBC Healthcare Center; Records from CLC Healthcare Center; Report from Dr. Ahmed; Procedure Report from Vista Surgical Center; Mana MRI reports of the brain, cervical, lumbar, and right shoulder; Report from Dr. Vachhani; Report from Dr. Eberle and TWCC-69 by Dr. Al-Sahli.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of 99212 and 99213 office/outpatient visit; 98940 and 98941 chiropractic manipulation; 97110 therapeutic exercises; and 97124 massage therapy from 2-25-2004 through 9-10-2004.

DECISION

The reviewer disagrees with the previous adverse decision regarding 99212, 99213, 97110 and 97124 for dates of service 2-25-2004 through and including 6-18-2004.

The reviewer agrees with the previous decision regarding 98940 and 98941 for all dates of service under review.

The reviewer agrees with the previous decision regarding 99212, 99213, 98940, 98941, 97110 and 97124 for all dates of service after 6-18-2004.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, Evidenced Based Medical Guidelines, Medicare Payment Policies, and Occupational Medicine Practice Guidelines. Also considered was the CPT codebook regarding description of services. In regards to the office visits from 6-18-2004 and prior, the treating doctor has the obligation to determine the medical status of a patient under his care and to evaluate the necessity for care and

to administer care as medically necessary. These office visits would be necessary to evaluate Mr. ___ and make the appropriate management decisions. The delivery of a chiropractic manipulation on the same date of service as the office visit would be considered an integral part of the office visit according to the CPT code book and the documentation does not substantiate need for the separate service above and beyond the office visit. The therapies administered would be medically necessary given the extent of Mr. ___'s injuries and the fact that he was undergoing injections. Mr. ___ does exceed the normative data as established by the MDA for his injuries, however given the fact that he had numerous injuries, his rehabilitation would be greatly slowed.

The treating doctor placed the patient at MMI with an impairment rating on 6-18-2004. The treating doctor essentially states by placing the patient at maximum medical improvement that no additional care is necessary without extenuating circumstances such as an exacerbation or flare-up. Thus the treatment rendered after 6-18-2004 would not be medically necessary because the patient had already reached MMI.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director