

MDR Tracking #M5-05-1795-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 2-28-05.

In accordance with Rule 133.308 (e)(1), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The following date(s) of service are not timely and are not eligible for this review: 2-27-04.

The IRO reviewed ROM Measurements, mechanical traction therapy, therapeutic exercises, chiropractic manipulative treatment, group therapeutic procedures, massage therapy, office visits and electrical stimulation supplies from 3-1-04 through 6-3-04 that were denied by the insurance carrier for medical necessity.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the ROM Measurements, mechanical traction therapy, therapeutic exercises, chiropractic manipulative treatment, group therapeutic procedures, massage therapy, office visits and electrical stimulation supplies from 3-1-04 through 6-3-04 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute to be resolved.

On 4-14-05 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.

Regarding CPT code 99212 on 3-9-04 and 6-17-04: Neither the carrier nor the requestor provided EOB'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 97750-MT on 3-9-04: Neither the carrier nor the requestor provided EOB's. There is no "convincing evidence of the carrier's receipt of the request for reconsideration" according to 133.307 (g)(3)(A). Per Rule 134.202(b) the requestor billed using the wrong CPT code. The Center for Medicare Services does not recognize this CPT code **No reimbursement recommended.**

Regarding CPT code 99211-25 on 3-10-04: Neither the carrier nor the requestor provided EOB'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 97012 on 3-10-04 and 4-28-04: Neither the carrier nor the requestor provided EOB'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 3-10-04 and 4-28-04: Neither the carrier nor the requestor provided EOB'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 98940 on 3-10-04: Neither the carrier nor the requestor provided EOB'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.**

CPT code 98940 on 3-15-04 was denied as "U737- this charge will be re-evaluated upon receipt of the proper procedure code/modifier combination or report justifying medical necessity." Requestor did submit relevant documentation to support level of service rendered per Rule 133.307(g)(3)(B). **Recommend reimbursement of \$30.13.**

CPT code 98941 on 3-24-04 was denied as "U737- this charge will be re-evaluated upon receipt of the proper procedure code/modifier combination or report justifying medical necessity." Requestor did submit relevant documentation to support level of service rendered per Rule 133.307(g)(3)(B). **Recommend reimbursement of \$41.88.**

CPT code 97750-MT was billed by the requestor on 4-6-04 and 4-21-04. 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. Per Ingenix Encoder Pro the modifier –MT is invalid for this CPT code. **Recommend no reimbursement.**

CPT code 97139-EU on 6-3-04. 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. Per Ingenix Encoder Pro the modifier –EU is invalid for this CPT code. **No reimbursement recommended.**

Regarding CPT code 97124 on 4-26-04 and 4-28-04: Neither the carrier nor the requestor provided EOB'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 98941 on 4-28-04: Neither the carrier nor the requestor provided EOB'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 97150 on 4-28-04: Neither the carrier nor the requestor provided EOB'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.**

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 \$72.01 on 3-15-04 and 3-24-04 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 7th day of June, 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

Z iro C

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

May 27, 2005

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

Patient: _____
TWCC #: _____
MDR Tracking #: M5-05-1795-01
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 Treatment and Physical Medicine. 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

Information from Requestor, Respondent, and Treating Doctor including:

1. Operative report dated 12/02/03, L4/L5 semi-hemilaminectomy and L5/S1 semi-hemilaminectomy from David MacDougal, D.O.
2. TWCC-73 form, John Wyatt, D.C., Back and Joint Clinic
3. Evaluation from David MacDougal, D.O., dated 07/30/03
4. TWCC-69, Erica Tondera, D.C., dated 09/23/03
5. Narrative from Erica Tondera, D.C., dated 09/23/03
6. Initial evaluation from John Wyatt, D.C., from Back and Joint Clinic dated 02/17/03
7. Daily treatment notes from John Wyatt, D.C., date 02/17/03 through 12/23/04
8. Designated doctor evaluation from Mark Sanders, M.D., 5% whole person impairment rating with a 06/09/04 date of maximum medical improvement
9. Narrative from Mark Sanders, M.D., dated 06/09/04
10. Work-hardening notes from 07/19/04 through 09/09/04 from Back and Joint Clinic

CLINICAL HISTORY

At the time of injury, the claimant was a 40-year-old male who injured his lower back while lifting an iron plate that was stuck in the mud. The Patient complained of immediate lower back pain and bilateral leg pain, left greater than right. The injury occurred on _____. The Patient presented to Back and Joint Clinic on 02/17/03. A trial of chiropractic treatment was initiated. The claimant was seen for a total of 130 visits at Back and Joint Clinic, and 68 of these visits were performed prior to undergoing surgical consultation with David MacDougal, D.O., for persistent lower back and left leg pain. Dr. MacDougal evaluated the patient on 07/30/03, which is greater than 5 months following the first treatment at the Back and Joint Clinic. On his examination, Dr. MacDougal noted a clear total foot drop on the left side. There was no ankle dorsiflexion or extensor hallucis longus strength observed. Dr. MacDougal recommended surgical intervention, which was performed on 12/02/03. The Patient underwent a left L4/L5 and L5/S1 semi-hemilaminectomy, phlebotomy, and a medial facetectomy. The patient returned to the Back and Joint Clinic following surgery on 01/13/04. The Patient was seen for a total of 58 visits postoperatively from 01/13/04 through 02/27/04. The Patient underwent a work-hardening program from 07/19/04 through 09/09/04.

DISPUTED SERVICES

Under dispute is the medical necessity of ROM measurements, mechanical traction therapy, therapeutic exercises, chiropractic manipulative treatment, group therapeutic procedures, massage therapy, office visits, electric stimulation supplies during the dates 3/1/04 thru 6/3/04.

DECISION

The Reviewer agrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

The Reviewer agrees with the carrier's decision that the treatment rendered from 03/01/04 through 06/17/04 is not medically necessary. This patient was subjected to greater than 5 months of chiropractic treatment and physical rehabilitation until presenting to Dr. MacDougal, at which time he had a clear and observable foot drop. The presence of foot drop is a clear red flag and should require immediate surgical consideration. The clinical notes from the Back and Joint Clinic fail to identify physical examination findings to address the presence of a foot drop or progressive neurologic deficit.

The claimant was seen for a total of 72 visits preoperatively and 58 visits postoperatively. This treatment frequency far exceeds accepted clinical standards of care, and the clinical documentation does not support 58 visits of postoperative treatment.

It is therefore my opinion that the disputed services are not medically necessary and that the claimant's course of preoperative and postoperative physical therapy are excessive and exceed accepted clinical standards of care. The presence of a progressive neurologic deficit in the extent of a foot drop would in itself require immediate consideration of surgical intervention, which could have prevented the prolonged and excessive course of physical rehabilitation, both preoperatively and postoperatively.

CERTIFICATION BY OFFICER

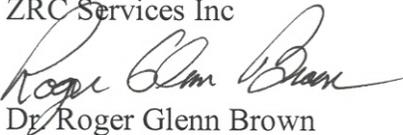
Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

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



Dr. Roger Glenn Brown
Chairman & CEO