

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 02-28-05.

Per Rule 133.308(e)(1) dates of service 01-21-04 through 02-27-04 were not timely filed and therefore will not be part of the review.

The IRO reviewed office visits and therapeutic exercises rendered from 03-04-04 through 05-04-04 that were denied based upon "U".

The IRO determined that office visits for dates of service 03-04-04, 03-10-04, 03-24-04, 04-01-04, 04-07-04, 04-13-04, 04-30-04 and 05-04-04 and therapeutic exercises for dates of service 03-04-04, 04-01-04, 04-02-04, 04-07-04 and 04-08-04 **were** medically necessary. Office visits for dates of service 03-12-04, 04-02-04 and 04-12-04 **were not** medically necessary. The amount of reimbursement due for the medical necessity issues equals **\$1,021.02**.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the **majority** of 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.

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 03-25-05, 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.

CPT code 95851 date of service 03-10-04 denied with denial code "G/YG" (unbundling/ reimbursement for this procedure is included in the basic allowance for another procedure). Per Rule 133.304(c) and 134.202(a)(4) the carrier did not specify which code 95851 was global to. Reimbursement is recommended in the amount of **\$24.88 (\$19.90 X 125%)**.

CPT code 96004 date of service 03-10-04 denied with denial code "G/YG" (unbundling/ reimbursement for this procedure is included in the basic allowance for another procedure). Per Rule 133.304(c) and 134.202(a)(4) the carrier did not specify which code 96004 was global to. Reimbursement is recommended in the amount of **\$148.03 (\$118.42 X 125%)**.

CPT code 95831 date of service 04-02-04 denied with denial code "G/YG" (unbundling/ reimbursement for this procedure is included in the basic allowance for another procedure). Per Rule 133.304(c) and 134.202(a)(4) the carrier did not specify which code 95831 was global to. Reimbursement is recommended in the amount of **\$29.10 (\$23.28 X 125%)**.

CPT code 96004 date of service 04-02-04 denied with denial code "N/JF" (not appropriately documented/documentation submitted does not substantiate the service billed). Documentation submitted by the requestor supports the services billed per Rule 133.307(g)(3)(A-F). Reimbursement is recommended in the amount of **\$148.03 (\$118.42 X 125%)**.

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 03-04-04 through 05-04-04 totaling **\$1,371.06** 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 27th day of April 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

April 25, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M5-05-1796-01
CLIENT TRACKING NUMBER: M5-05-1796-01-5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above-mentioned case to MRIOA for independent review in accordance with TWCC Rule 133, which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating

they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records From the State:

Notification of IRO Assignment dated 3/25/05 1 page
Texas Workers' Compensation Commission letter dated 3/25/05
Medical Dispute Resolution Request/Response 1 page
List of disputed dates of service 1 page
Explanation of benefits dated 3/4/04 1 page
Explanation of benefits dated 3/10/04 1 page
Explanation of benefits dated 3/12/04 1 page
Explanation of benefits dated 3/24/04 1 page
Explanation of benefits dated 4/1/04 1 page
Explanation of benefits dated 4/2/04 1 page
Explanation of benefits dated 4/7/04 1 page
Explanation of benefits dated 4/8/04 1 page
Explanation of benefits dated 4/12/04 1 page
Explanation of benefits dated 4/13/04 1 page
Explanation of benefits dated 4/30/04 1 page

Records From The Provider:

Billing sheet dated 1/21/04 1 page
Explanation of benefits dated 1/21/04 2 pages
Billing sheet dated 1/22/04 1 page
Explanation of benefits dated 1/22/04 2 pages
Billing sheet dated 1/28/04 1 page
Explanation of benefits dated 1/28/04 2 pages
Billing sheet dated 1/29/04 1 page
Explanation of benefits dated 1/29/04 2 pages
Billing sheet dated 1/30/04 1 page
Explanation of benefits dated 1/30/04 2 pages
Billing sheet dated 2/3/04 1 page
Explanation of benefits dated 2/3/04 2 pages
Billing sheet dated 2/4/04 1 page
Explanation of benefits dated 2/4/04 2 pages
Billing sheet dated 2/10/04 1 page
Explanation of benefits dated 2/10/04 2 pages
Billing sheet dated 2/12/04 1 page
Explanation of benefits dated 2/12/04 2 pages
Billing sheet dated 2/13/04 1 page
Explanation of benefits dated 2/13/04 2 pages
Billing sheet dated 2/18/04 1 page
Explanation of benefits dated 2/18/04 2 pages

Billing sheet dated 2/23/04 1 page
Explanation of benefits dated 2/23/04 2 pages
Billing sheet dated 2/24/04 1 page
Explanation of benefits dated 2/24/04 2 pages
Billing sheet dated 2/26/04 1 page
Explanation of benefits dated 2/26/04 2 pages
Billing sheet dated 2/27/04 1 page
Explanation of benefits dated 2/27/04 2 pages
Billing sheet dated 3/4/04 1 page
Explanation of benefits dated 3/4/04 2 pages
Billing sheet dated 3/10/04 1 page
Explanation of benefits dated 3/10/04 2 pages
Billing sheet dated 3/12/04 1 page
Explanation of benefits dated 3/12/04 2 pages
Billing sheet dated 3/24/04 1 page
Explanation of benefits dated 3/24/04 1 page
Billing sheet dated 4/1/04 1 page
Explanation of benefits dated 4/1/04 2 pages
Billing sheet dated 4/2/04 1 page
Explanation of benefits dated 4/2/04 2 pages
Billing sheet dated 4/7/04 1 page
Explanation of benefits dated 2 pages
Billing sheet dated 4/8/04 1 page
Explanation of benefits dated 4/8/04 2 pages
Billing sheet dated 4/12/04 1 page
Explanation of benefits dated 4/12/04 1 page
Billing sheet dated 4/13/04 1 page
Explanation of benefits dated 4/13/04 1 page
Billing sheet dated 4/30/04 1 page
Explanation of benefits dated 4/30/04 1 page
Billing sheet dated 5/4/04 1 page
Explanation of benefits dated 5/4/04 1 page
List of disputed dates of service 2 pages
MRI scan – brain report dated 3/20/03 1 page
MRI scan – left shoulder report dated 3/3/03 1 page
MRI scan – cervical spine report dated 3/3/03 2 pages
MRI scan – cervical spine corrected report dated 3/3/03 2 pages
Upper extremity electrodiagnostic study dated 3/18/03 3 pages
Consultation report dated 3/31/03 3 pages
Radiology report – Arthrogram of Left shoulder dated 4/21/03 1 page
Radiology report – Post – Arthrogram CT of Left shoulder dated 4/21/03 1 page
Radiology report – plain films radiographs of the left shoulder dated 4/21/03 1 page
Chart notes dated 4/25/03 3 pages
Chart notes dated 4/28/03 3 pages
Letter from Dr. Personett MD dated 4/30/03 2 pages
Supplemental information sheet on claimant 1 page

Review of medical history and physical exam dated 4/30/03 4 pages
Letter from Dr. Payne, DO dated 5/7/03 2 pages
Chart notes dated 5/30/03 3 pages
Chart notes dated 6/12/03 1 page
Chart notes dated 6/13/03 2 pages
Chart notes dated 6/19/03 1 page
Chart notes dated 6/26/03 1 page
Letter from Dr. Payne DO dated 7/2/03 1 page
Chart notes dated 7/24/03 1 page
Chart notes dated 8/21/03 1 page
Chart notes dated 8/25/03 3 pages
Chart notes dated 9/18/03 1 page
Chart notes dated 9/22/03 3 pages
Chart notes dated 10/23/03 1 page
Chart notes dated 10/30/03 1 page
Chart notes dated 11/10/03 2 pages
Letter from Dr. Payne, Do dated 11/18/03 3 pages
Chart notes dated 12/8/03 2 pages
Chart notes dated 12/22/03 2 pages
Chart notes dated 1/12/04 3 pages
New patient evaluation dated 1/14/04 4 pages
Chart notes dated 2/2/04 2 pages
Chart notes dated 2/17/04 2 pages
Radiology report dated 2/18/04 1 page
CT report dated 2/19/04 1 page
Chart notes dated 3/1/04 3 pages
Chart notes dated 4/2/04 3 pages
Shoulder rotation ROM history 1 page
Chart notes dated 3/10/04 3 pages
Shoulder flexion/extension ROM history 1 page
Chart notes dated 2/3/04 4 pages
Shoulder Rotation ROM history 1 page
Shoulder extension isometric history 1 page
Chart notes dated 1/22/04 5 pages
Shoulder flexion/extension ROM history 1 page
Shoulder extension isometric history 1 page
SOAP notes dated 2/18/03 66 pages
Position statement for IRO regarding medical necessity denial dated 4/11/05 2 pages
SOAP notes dated 2/18/03 71 pages
Request for reconsideration Position statement dated 12/8/04 1 page
MDR position statement dated 2/18/05 2 pages
Report of medical evaluation dated 4/30/03 1 page
Instructions for Clinical Orthopaedic Rehabilitation 6 pages
Medical Dispute Resolution Request/Response 1 page
Texas Workers' Compensation Commission letter dated 3/3/05 1 page
Copy of check to MRLoa from Summit rehabilitation dated 4/11/05 1 page

Summary of Treatment/Case History:

The patient, a 47-year-old male, was injured in a work-related incident on ___ while lifting pallets above his head. He developed left shoulder and neck pain as a result of the injury and he underwent MRI studies of the cervical spine and left shoulder on 3/3/03. The left shoulder MRI study revealed mild intratendinous degeneration and degenerative changes in the acromioclavicular joint. An upper extremity electrodiagnostic study on 3/18/03 suggested the presence of bilateral C6 radiculopathy.

The claimant went to Robert Chouteau DO for an orthopedic evaluation of the left shoulder on 3/31/03 and the patient was only able to abduct the shoulder 60 degrees. The patient was diagnosed with left shoulder impingement syndrome, left arm radiculopathy, multiple bulging discs, left knee internal derangement, left wrist hyperextension/tendonitis, and strains of the cervical, thoracic and lumbar regions.

The patient underwent a left shoulder arthrogram on 4/21/03 that revealed minimal effacement of the musculotendinous junction of the supraspinatus tendon due to degenerative changes around the AC joint. The patient also had evidence of a partial rotator cuff tear in the distal supraspinatus tendon.

The patient underwent a neurosurgical evaluation with John Payne DO on 4/25/03. The patient was re-examined by Dr. Chouteau on 4/28/03 and he underwent a required medical evaluation with Becky Personett MD on 4/30/03. The report from Dr. Personett indicated the patient had not achieved MMI.

The 8/25/03 report from Dr. Chouteau indicated the patient had received subacromial injections, which were of no benefit and he continued to complain of shoulder pain, neck pain, knee pain, and wrist pain.

The patient underwent left shoulder rotator cuff repair on 11/26/03 and he was seen by Dr. Chouteau for follow-up on 12/2/03. He complained of headaches, dizziness, neck pain, bilateral upper extremity pain, and left shoulder and knee pain. The 12/8/03 assessment from Dr. Chouteau indicated the claimant's left shoulder ranges of motion were restricted in all ranges. The patient was re-assessed by Dr. Chouteau and his left shoulder ranges of motion were globally reduced. He recommended beginning physical therapy with light range of motion exercises and modality treatments. The patient was instructed to avoid overhead lifting.

The 2/2/04 report from Dr. Chouteau indicated the patient had been treated in physical therapy for the past two weeks at a frequency of 4 times weekly. He recommended physical therapy treatments that included range of motion, strengthening exercises, and modality treatments. The patient's left shoulder ranges of motion were still reduced per the 2/17/04 report from Dr. Chouteau. He recommended continued physical therapy treatments.

The 3/1/04 report from Dr. Chouteau indicated that the patient's left shoulder continued to be symptomatic, and he exhibited range of motion deficiencies and abduction was only 70 degrees. Weakness was also reported in the left deltoid muscle. He recommended work hardening for the shoulder and a possible left shoulder manipulation under anesthesia if no improvement was noted.

The patient was under concurrent chiropractic treatment during the time he was under medical management. The patient was treated on the following dates by the chiropractor:

10/30/03, 11/13/03, 11/19/03, 12/15/03, 12/22/03, 1/12/04, 1/21/04, 1/22/04, 1/27/04, 1/28/04, 1/29/04, 1/30/04, 2/3/04, 2/4/04, 2/5/04, 2/9/04, 2/10/04, 2/12/04, 2/13/04, 2/17/04, 2/18/04, 2/23/04, 2/24/04, 2/26/04, 2/27/04, 3/4/04, 3/10/04, 3/12/04, 3/24/04, 4/1/04, 4/2/04, 4/7/04, 4/8/04, 4/12/04, 4/13/04, 4/30/04, and 5/4/04.

Office visits were denied by the carrier for the following dates from 3/4/04 to 5/4/04: 3/4/04, 3/10/04, 3/12/04, 3/24/04, 4/1/04, 4/2/04, 4/7/04, 4/12/04, 4/13/04, 4/30/04, and 5/4/04.

Therapeutic exercises were denied by the carrier for the following dates of service from 3/4/04 to 5/4/04: 3/4/04, 4/1/04, 4/2/04, 4/7/04, and 4/8/04.

Questions For Review:

Date of service in dispute: 3/4/04 – 5/4/04.

Items in dispute: Office visit and therapeutic exercises. Denied by carrier for medical necessity with U-codes. Do not review items marked FEE.

Explanation of Findings:

The office visits (#99213) were medically necessary on the following dates: 3/4/04, 3/10/04, 3/24/04, 4/1/04, 4/7/04, 4/13/04, 4/30/04, and 5/4/04. Office visits (#99213) were not medically necessary on 3/12/04, 4/2/04, and 4/12/04, as there was no medical necessity for evaluations of the patient on more than a weekly basis per the medical records reviewed.

Therapeutic exercises (#97110) were medically necessary on 3/4/04, 4/1/04, 4/2/04, 4/7/04, and 4/8/04. Green et al conducted a study to determine the efficacy of physiotherapy interventions for disorders resulting in pain, stiffness and/or disability of the shoulder. Database searches of MEDLINE, EMBASE, the Cochrane Clinical Trials Register and CINAHL were searched 1966 to 6/02.

Twenty-six trials met inclusion criteria. Exercise was demonstrated to be effective in terms of short term recovery in rotator cuff disease, and longer term benefit with respect to function. Combining mobilization with exercise resulted in additional benefit when compared to exercise alone for rotator cuff disease. Laser therapy was demonstrated to be more effective than placebo for adhesive capsulitis but not for rotator cuff tendinitis. Both ultrasound and pulsed electromagnetic field therapy resulted in improvement compared to placebo in pain in calcific tendinitis. There is no evidence of the effect of ultrasound in shoulder pain (mixed diagnosis), adhesive capsulitis or rotator cuff tendinitis. When compared to exercises, ultrasound is of no additional benefit over and above exercise alone. There is some evidence that for rotator cuff disease, corticosteroid injections are superior to physiotherapy and no evidence that physiotherapy alone is of benefit for Adhesive Capsulitis (Green SE, Buchbinder R, Hetrick S. Physiotherapy interventions for shoulder pain. The Cochrane Database of Systematic Reviews 2003, Issue 2. Art. No.: CD004258. DOI: 10.1002/14651858.CD004258)

Conclusion/Partial Decision to Certify:

Date of service in dispute: 3/4/04 – 5/4/04.

Items in dispute: Office visit and therapeutic exercises. Denied by carrier for medical necessity with U codes. Do not review items marked FEE.

The office visits (#99213) were medically necessary on the following dates: 3/4/04, 3/10/04, 3/24/04, 4/1/04, 4/7/04, 4/13/04, 4/30/04, and 5/4/04.

Therapeutic exercises (#97110) were medically necessary on 3/4/04, 4/1/04, 4/2/04, 4/7/04, and 4/8/04.

Conclusion/Partial Decision to Not Certify:

Office visits (#99213) were not medically necessary on 3/12/04, 4/2/04, and 4/12/04

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993

References Used in Support of Decision:

Green SE, Buchbinder R, Hetrick S. Physiotherapy interventions for shoulder pain. The Cochrane Database of Systematic Reviews 2003, Issue 2. Art. No.: CD004258. DOI: 10.1002/14651858.CD004258

This review was provided by a Doctor of Chiropractic who is also a member of the American Chiropractic Academy of Neurology. This reviewer also holds a certification in Acupuncture. This reviewer has fulfilled both academic and clinical appointments and currently serves as an assistant professor at a state college, is in private practice and is a director of chiropractic services. This reviewer has previously served as a director, dean, instructor, assistant professor, and teaching assistant at a state college and was responsible for course studies consisting of pediatric and geriatric diagnosis, palpation, adjusting, physical therapy, case management, and chiropractic principles. This reviewer is responsible for multiple postgraduate seminars on various topics relating to chiropractics and has authored numerous publications. This reviewer has participated in numerous related professional activities including work groups, committees, consulting, national healthcare advisory committees, seminars, National Chiropractic Coalition, media appearances, and industrial consulting. This reviewer has been in practice since 1986.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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