

MDR Tracking #M5-05-2009-01

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. The dispute was received on 2-2-05.

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.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The muscle test, 4 limbs; sensory nerve conduction studies, motor nerve conduction testing and H-reflex studies **were found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 \$1,676.32 on 2-2-04 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 Order is hereby issued this 26th day of May, 2005.

Medical Dispute Resolution Officer
Medical Review Division
Enclosure: IRO decision

Parker Healthcare Management Organization, Inc.

3719 N. Bellline Road, Irving, TX 75038
972.906.0603 972.255.9712 (fax)
Certificate # 5301

May 24, 2005

ATTN: Program Administrator
Texas Workers Compensation Commission
Medical Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744
Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M5-05-2009-01
RE: Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 4.6.05.
- Faxed request for provider records made on 4.6.05.
- Order for payment was received 4.19.05.
- The case was assigned to a reviewer on 5.9.05.
- The reviewer rendered a determination on 5.23.05.
- The Notice of Determination was sent on 5.24.05.

The findings of the independent review are as follows:

Questions for Review

Date of service 2.2.04 for CPT codes 95864 (muscle testing-4 limbs), 95904 (sensory nerve conduction studies), 95900 (motor nerve conduction testing) and 95934 (H-reflex studies) were denied by the carrier stating a lack of medical necessity with "V" codes.

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **overturn the denial** for the procedures performed on 2.2.04.

Summary of Clinical History

The patient sustained a work related injury on ____, while working for ____ . The patient slipped and fell from a ladder from a height of 5-6 feet. As a result, the patient sustained injuries to upper and lower body parts. Since the time of the injury, the patient has been given conservative care, specialty exams, MRI studies and electrodiagnostic studies.

Clinical Rationale

The Lumbar Spine MRI revealed disc displacement. The neurological consult with Dr. Battle demonstrates a diagnosis of radiculitis. The electrodiagnostic study in question was positive, demonstrating that it was clinically necessary to demonstrate the existing pathology. The subjective and objective examination findings were clinically present, thus demonstrating the need for this test. The electrodiagnostic procedure was performed within the AAEM guidelines. Muscle testing, a clinical examination, motor and sensory studies and H waves as well as the EMG are all integral parts of a complete and valid electrodiagnostic study. Therefore, based on the medical records the procedures performed on 2.2.04 were medically necessary.

Clinical Criteria, Utilization Guidelines or other material referenced

1. American Academy of Electrodiagnostic Medicine guidelines.
 2. American Medical Association Guides to the Evaluation of Permanent Impairment.
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The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is a diplomate of the American Chiropractic Neurology Board, and serves as an Associate Professor with the Carrick Institute. The reviewer is engaged in the practice of chiropractic on a full-time basis.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the review is listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

In accordance with TWCC Rule 102.4 (h), a copy of this decision was sent to TWCC, Medical Dispute Resolution department via facsimile, U.S. Postal Service or both on this 24 day of May,2005. All copies will be forwarded by TWCC.

If our organization can be of any further assistance, please feel free to contact me.

Sincerely,

Meredith Thomas
Administrator

CC: Texas Imaging and Diagnostic Center
Attn: Lori Gallardo
Fax: 469.916.7928

Ace Insurance
Attn: Javier Gonzalez
Fax: 512.394.1412
