

MDR Tracking #M5-05-2016-01

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, 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 03-21-05.

The IRO reviewed office visits (99213 and 99214) rendered on 04-29-04 and 06-22-04 that were denied based upon "V".

The IRO determined that the office visit on 04-29-04 **was** medically necessary and the office visit on 06-22-04 **was not** medically necessary. The amount of reimbursement due for the office visit on 04-29-04 per Rule 134.202(c)(1) is \$67.25 (\$53.80 X 125%). The requestor billed \$66.00, therefore, the reimbursement due from the carrier equals **\$66.00**.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 04-06-05, 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.

Review of CPT code 99213 date of service 03-30-04 revealed that neither party submitted a copy of the EOB. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for an EOB. Reimbursement per Rule 134.202(c)(1) is \$67.25 (\$53.80 X 125%), however, the requestor billed \$66.00, therefore, reimbursement is recommended in the amount of **\$66.00**.

Review of CPT code 99080-73 date of service 03-30-04 revealed that neither party submitted a copy of the EOB. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for an EOB. Reimbursement per Rule 133.106(f)(1) is recommended in the amount of **\$15.00**.

CPT code 99080-73 dates of service 04-29-04 and 06-22-04 denied with denial code “V” (based on peer review, further treatment is not recommended). Per Rule 129.5 the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter; therefore, recommends reimbursement in the amount of **\$30.00 (\$15.00 X 2 DOS)**.

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 03-30-04 through 06-22-04 totaling \$177.00 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 18th day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

Z iro C

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Austin, Texas 78731
Phone: 512-346-5040
Fax: 512-692-2924

May 9, 2005

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

Patient: _____
TWCC #: _____
MDR Tracking #: M5-05-2016-01
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 physician board certified and specialized in chiropractic care. 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

Evaluation notes from treating doctor dated 4/29/04, evaluation notes from treating doctor dated 6/22/04, TWCC-73's, Peer review from Glen Marr DC assessing modality review, Peer review from Daniel Greenberg MD assessing DME review, Peer review from Thomas Sato DC assessing modality review, Peer review from Jay Lerner DC assessing modality review, Operative report dated 7/15/2003 from Lubor Jarolimek MD, office notes from Dr Jarolimek, EMG/NCS dated 11/21/02, MRI of Left Shoulder dated 11/8/02, MRI of Right Wrist dated 11/8/02, MRI of Left Wrist dated 11/8/02, MRI of Left Elbow dated 11/8/02.

CLINICAL HISTORY

- A. A 52-year-old female was cleaning overhead. The table she was on tipped over and the patient fell on the table and floor.

DISPUTED SERVICES

- B. Under dispute is the medical necessity of **Office visits 99213 and 99214 dated 4/29/04 and 6/22/04.**

DECISION

- C. The Reviewer **PARTIALLY AGREES WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE**". I disagree with the insurance company on CPT code 99213 on 4/29/04, but agree with the insurance company on CPT code 99214 on 6/22/04.

BASIS FOR THE DECISION

Periodic evaluation of the patient by the treating doctor is essential in managing and determining a proper treatment plan. Although this case has been protracted out and the patient's subjective pain levels are still rather high, I believe the office visit on 4/29/04, coded 99213, is reasonable and necessary. However, the notes from the office visit dated 6/22/04, shows less detail of an exam and less medical decision making than the previous date of exam. It appears the date of service, 6/22/04, should reflect the same level of exam or less, than the exam on 4/29/04, rather than the upcoded 99214. A higher level code such as a 99214 should reflect higher medical

decision making, a more detailed exam and time spent with the patient.

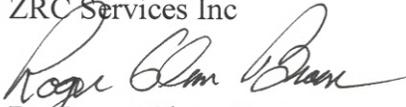
Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

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

A handwritten signature in black ink, appearing to read "Roger Glenn Brown". The signature is fluid and cursive, with a large initial "R" and "B".

Dr. Roger Glenn Brown

Chairman & CEO