

MDR Tracking #M5-05-2106-01

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 3-28-05.

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 IRO reviewed office visits and therapeutic exercises from 8-12-04 through 10-07-04. The office visits on 8-12-04, 8-23-04, 9-7-04, 9-21-04, and 10-7-04 **were found** to be medically necessary. The remaining office visits and therapeutic exercises **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 \$209.55.

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 \$209.55 from 8-12-04 through 10-7-04 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 26th day of May, 2005

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

Parker Healthcare Management Organization, Inc.

3719 North Belt Line 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: M5-05-2106-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 4.26.05.
- Faxed request for provider records made on 4.26.05.
- 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

The care in dispute includes: office visits and 97110 (therapeutic exercise). The dates of service in dispute are 8.12.04 through 10.7.04. The reason for the denial of the aforementioned care is a lack of medical necessity.

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 office visits that occurred every 12-14 days; dates of service 8.12.04, 8.23.04, 9.7.04, 9.21.04 and 10.7.04.

It is also determined to **uphold the denial** for therapeutic exercises, CPT code 97110.

Summary of Clinical History

Mr. ____ was injured as a result of a work related injury, while working for ____ . He was lifting heavy boxes and injured the left shoulder and the lower back. The date of injury is listed as ____.

Clinical Rationale

The Texas Labor code was referenced several times by Dr. Runnels and Dr. Crawford. After detailed review of the daily notes offered by the treating doctor, there is no demonstration of a curative effect from the disputed services (97110) nor any promotion of recovery or enhancement of gainful employment. The patients VAS does not change, the subjective complaints are the same throughout and the patient still has the same objective findings. The documentation does not reveal subjective or objective improvement during the care in question. I would allow for office visits every two weeks to provide the treating doctor with an opportunity to monitor the patient during the rehabilitation program. However, the office visits beyond twice per month and therapeutic exercise are just not supported as being necessary.

Clinical Criteria, Utilization Guidelines or other material referenced

Occupational Medicine Practice Guidelines, Second Edition.
The Medical Disability Advisor, Presley Reed MD
A Doctors Guide to Record Keeping, Utilization Management and Review, Gregg Fisher

The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. 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: Network of Physicians Mgmt
Attn: Gracie Ann
Fax: 713.589.3375

Commercial Cs Insurance
Attn: Dawn Stanford
Fax: 214.748.4530

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