

MDR Tracking Number: M5-05-2111-01

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 3-29-05.

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.

The IRO reviewed office visits, electrical stimulation, therapeutic exercises, therapeutic activities, supplies and materials, manual therapy technique, neuromuscular re-education and physical therapy re-evaluation from 4-6-04 through 9-14-04 that were denied by the insurance carrier for medical necessity.

The office visits, electrical stimulation, therapeutic exercises, therapeutic activities, supplies and materials, manual therapy technique, neuromuscular re-education and physical therapy re-evaluation from 4-6-04 through 9-14-04 were 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 \$1,067.28.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute 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 5-6-05 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 99358-52 on 4-8-04, 5-5-04 and 7-2-04 was denied by the carrier as "G – Bundled". Per the Medicare Fee Guideline, this code, with a –52 modifier, is always bundled into payments for other services. **Recommend no reimbursement.**

CPT code 97032 on 4-27-04 was denied as "F – not consistent with other codes billed on the same date." Per Ingenix Encoder Pro, "A modifier is allowed in order to differentiate between the services provided. Separate payment for the services billed

may be considered justifiable if a modifier is used appropriately.” **Recommend no reimbursement**

CPT code 99080-73 on 5-14-04 and 9-13-04 were denied as “TD – the Work Status Report was not completed or was submitted in excess of filing requirements.” The requestor did not submit a copy of the TWCC-73, therefore documentation could not be verified. **Recommend no reimbursement.**

CPT code 97750 on 7-2-04 was denied as “N – documentation does not support the service billed.” The requester submitted relevant information to support the level of service billed. **Recommend reimbursement of \$210.00.**

CPT code 99211 on 9-14-04 was denied as “MU – Physical medicine and rehabilitation services may not be report in conjunction with an evaluation and management code performed on the same day. Per Ingenix Encoder Pro no coding conflicts exist. **Recommend reimbursement of \$26.94.**

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 \$1,304.22 for 4-6-04 through 9-14-04 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 8th day of June 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

June 1, 2005

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution

MDR #: M5-05-2111-01
TWCC#:
Injured Employee: ____
DOI:
SS#:
IRO Certificate No.: IRO 5055

Dear ____:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is licensed in chiropractic, and is currently on the TWCC Approved Doctor List.

Sincerely,

Gilbert Prud'homme
General Counsel

GP:thh

REVIEWER'S REPORT
M5-05-2111-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

Office notes 01/02/04 – 04/12/05

Physical therapy notes 01/15/04 – 07/13/04

Medical progress evaluations 02/18/04 – 02/09/05

Impairment evaluation 10/20/04

FCE's 07/02/04 – 08/12/04

Radiology report 04/01/05

Information from Respondent:

Correspondence and designated doctor review

Information from Spine Surgeon:

Office notes 03/17/04 – 08/20/04

Operative report 03/15/04

Radiology report 03/15/04

Clinical History:

Records indicate that the patient was injured while on the job on _____. He received an aggressive intensive treatment program over the next several years as a result of his injury.

Over the course of time, he received an intensive treatment program including chiropractic care therapy, diagnostic testing, epidural steroid injections, psychological evaluation, psychotherapy sessions, biofeedback sessions, work conditioning program, post surgical rehabilitation, and request for chronic pain management program, which was denied several times. Over the course of treatment, functional capacity evaluation tests were performed, and the patient was placed at statutory maximum medical improvement effective 09/28/04 with a permanent whole person impairment rating of 10%. In addition, the patient received lumbar spine surgery on 03/15/04 and was discharged from the hospital on 03/17/04. His treating doctor as well as his surgeon recommended post surgical rehabilitation program and therapy. The denied services on this care are part of that post surgical rehabilitation program.

Disputed Services:

Office visits, electrical stimulation, therapeutic exercises, therapeutic activities, supplies & materials, manual therapy technique, neuromuscular re-education and physical therapy re-evaluation during the period of 04/06/04 through 09/14/04.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment, services and evaluations in dispute as stated above were medically necessary in this case.

Rationale:

There is sufficient documentation on each date of service to clinically justify the services that were rendered for this patient's on-the-job injury. Under normal circumstances, utilization of passive therapy would not necessarily be appropriate. However, based upon the fact that the patient underwent spinal surgery in March 2004, all denied services from 04/06/04 through 09/14/04 were, in fact, reasonable, usual, customary, and medically necessary for the treatment of this patient's on-the-job injury.