MDR Tracking Number: M5-05-2115-01

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 03-29-05.

The IRO reviewed office visits-established patient, therapeutic exercises, therapeutic activities, neuromuscular re-education, electrical stimulation-unattended, physical therapy re-evaluation and electrical stimulation rendered from 06-24-04 through 10-14-04 that were denied based upon "V".

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

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 04-28-05, 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 97139-EC date of service 07-08-04 is an invalid code with modifier EC for Medicare. No reimbursement recommended.

HCPCS code E0745 date of service 08-16-04 denied with denial code "N/710" (not documented/charge is being disallowed as additional/supporting documentation is required to clarify service/supply rendered). The requestor did not submit documentation for review. No reimbursement recommended.

HCPCS code E1399 date of service 08-16-04 denied with denial code "N/710" (not documented/charge is being disallowed as additional/supporting documentation is required to clarify service/supply rendered). The requestor did not submit documentation for review. No reimbursement recommended.

CPT code 97535 date of service 08-16-04 denied with denial code "N/710" (not documented/charge is being disallowed as additional/supporting documentation is required to clarify service/supply rendered). The requestor did not submit documentation for review. No reimbursement recommended.

CPT code 97014 date of service 09-14-04 denied with denial code "M/936" (reduced to fair and reasonable/code is invalid, not covered code or has been deleted from the Texas fee schedule). Code 97014 is invalid for Medicare. No reimbursement recommended.

Review of CPT code G0283 date of service 10-12-04 revealed that neither party submitted an EOB. Per Rule 133.307(e)(2)(B) the requestor did not provide convincing evidence of carrier receipt of the providers request for an EOB. No reimbursement is recommended.

This Findings and Decision is hereby issued this 17th day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

7600 Chevy Chase, Suite 400
Austin, Texas 78752
Phone: (512) 371-8100
Fax: (800) 580-3123

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 16, 2005

To The Attention Of:

TWCC
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-16091

RE: Injured Worker:
MDR Tracking #: M5-05-2115-01
IRO Certificate #: 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for

independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Table of disputed services
- Narrative reports from the treating doctor
- Examination reports
- FCE reports
- Infrared video exam report
- Referral doctor examination reports
- Daily treatment notes
- Exercise notes

Submitted by Respondent:

- IRO summary
- Peer review
- MRI reports
- Hospital notes
- Therapy notes
- TWCC-73 status reports
- Narrative reports
- Daily progress therapy notes
- SOAP notes from the treating chiropractor

Clinical History

According to the supplied documentation, it appears the claimant sustained an injury on ___ while at work. The claimant reported that he and a coworker were pulling televisions off a top shelf when they lost control causing a television to hit the claimant on the head. The claimant was seen the following day by the company doctor. The claimant began therapy at Advantage Health Care System. On 11/20/03 the claimant underwent a cervical MRI that revealed a central disc protrusion at the C7/T1 level producing borderline to mild central canal stenosis and mild disc protrusion at C4/5 without significant canal or foraminal stenosis. The claimant appeared to undergo extensive active and passive therapy. On or about 6/8/04 the claimant changed treating doctors to Marsha Miller, D.C. Dr. Miller continued active therapy on the claimant. The claimant was referred to the Center for Pain Control for pain management issues. Therapy notes continue into the beginning of 2005.

Requested Service(s)

Office visits – established patient (99211/99213), therapeutic exercises (97110), therapeutic activities (97530), neuromuscular re-education (97112), electrical stimulation unattended (G0283), physical therapy re-evaluation (97002), and electrical stimulation (97032) for dates of service 6/24/04 to 10/14/04

Decision

I agree with the carrier and find that the services in dispute are not medically necessary.

Rationale/Basis for Decision

According to the supplied documentation, it appears the claimant sustained an injury to the cervical region on ___. The claimant underwent extensive passive and active therapy for approximately 8 months prior to changing to the treating doctor in question. The documentation revealed that the current active therapy regimen was providing little to no relief to the claimant. With the sprain/strain diagnosis as well as a disc protrusion, current medical protocols do not support continued and ongoing therapy after a continuous and ongoing 8 month therapy protocol which had been used. At the time the services in question began, it would have been reasonable and medically necessary in this claimant's case to refer for other possible treatment options. Orthopedic consults as well as chronic pain management consults would appear to be reasonable and medically necessary to continue to benefit the claimant from his compensable injury. Ongoing active therapy which was implemented on or about 6/8/04 appeared to be redundant and had already failed in this claimant's case. The documentation supplied by the provider and the carrier did not objectively support therapy from 6/24/04 through 10/14/04.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 16th day of May 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder