

MDR Tracking Number: M5-05-2169-01

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 4-5-05.

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 they timely comply with the IRO decision.

The IRO reviewed office visits, therapeutic exercises, therapeutic activities, neuromuscular re-education and functional capacity evaluation that were denied for medial necessity from 4-5-04 through 7-2-04.

The office visits and functional capacity evaluation that were denied for medial necessity from 4-5-04 through 7-2-04 **were found** to be medically necessary. The therapeutic exercises and therapeutic activities that were denied for medial necessity from 4-5-04 through 7-2-04 **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 \$1,489.51.

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 4-28-05 the Medical Review Division submitted a Notice to the 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 99080-73 on 4-19-05, 5-20-04 and 6-24-04 was denied as "U – unnecessary treatment" and as "N-inadequate documentation." The TWCC-73 is a required report and is not subject to an IRO review per Rule 129.5. In accordance with Rule 129.5, the requestor submitted copies of the TWCC-73 (work status reports). **Recommend reimbursement of \$45.00. (\$15.00 X 3 DOS).**

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

\$1,549.51 from 4-5-04 through 7-2-04 outlined above as follow: 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 8<sup>th</sup> day of June 2005.

Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

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June 3, 2005

TWCC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient: \_\_\_\_  
TWCC #:  
MDR Tracking #: M5-05-2169-01  
IRO #: 5284

Specialty IRO 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 Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO 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 Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

## CLINICAL HISTORY

According to the records received and reviewed, Mr. \_\_\_ was injured in a work related accident on \_\_\_ while working for the \_\_\_ as a bus driver. The injured employee was involved in a head on motor vehicle accident while operating a bus. The injured employee was initially taken to the emergency room via ambulance and subsequently discharged. The employee suffered injuries to his back, neck and chest according to the records. The employee sought the care of Dr. Rafael Loya who is the treating doctor for Mr. \_\_\_ for the purposes of this review.

Numerous treatment notes, diagnostic tests, staffing notes, evaluations, and other documentation were reviewed for this file. Specific records identified include but are not limited to the following:

- Medical Dispute Resolution Paperwork
- TWCC-60
- EOB's from the Insurance Carrier
- Letters from Flahive, Ogden & Latson
- Designated Doctor report from Dr. Korivi
- Report from Dr. Larrey
- Reports from Dr. Tomaszek
- Report from Dr. Graham
- Reports from Texas Surgicom and Dr. Shanti
- MRI of Cervical Spine from Steeplechase Diagnostic & Open MRI
- MRI of Lumbar Spine from Steeplechase Diagnostic & Open MRI
- Electrodiagnostic Study by Dr. Athari
- FCE's by Bingle Crossing Chiropractic Clinic
- Psychological Evaluation by John Morgan
- Letter from Lisa Bryant of Metro
- Reports from Dr. Shanti
- Records from Memorial Hermann Healthcare System
- Report from Houston Fire department

## DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of 99211 office visit, 97110 therapeutic exercises, 97530 therapeutic activities, 97112 neuromuscular re-education, 99212 office visit and 97750-FC functional capacity evaluation from 4-5-2004 through 7-2-2004.

## DECISION

The reviewer disagrees with the previous adverse determination regarding 99211-office visit, 99212-office visit and 97750-FC functional capacity evaluation from 4-5-2004 through 7-2-2004.

The reviewer agrees with the previous adverse determination regarding 97110-therapeutic exercises, 97530-therapeutic activities and 97112 neuromuscular re-education from 4-5-2004 through 7-2-2004.

## BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, Evidenced Based Medical Guidelines, Medicare Payment Policies, and Occupational Medicine Practice Guidelines. Also considered was the CPT codebook regarding description of services. In regards to the office visits the treating doctor has the obligation to determine the medical status of a patient under his care and to evaluate the necessity for care and to administer care as medically necessary. These office visits would be necessary to evaluate Mr. \_\_\_ and make the appropriate management decisions. The objective findings remain essentially static and unchanging throughout the treatment period. The daily treatment records reflect a fee slip and not actual documentation of the patient's condition. Simply checking off that various procedures were performed does not constitute adequate documentation. This reviewer cannot distinguish what procedures or treatments were rendered from the documentation other than the CPT code that was performed. It is apparent from the diagnostic reports and the consulting reports from other health care providers that Mr. \_\_\_ did sustain significant injuries and did indeed need the care, however the documentation does not support that fact or even show what was performed on a given date. There is adequate documentation for the FCE performed and the medical necessity is established for the procedure in an attempt to identify the patient's tolerances to determine work ability.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director