

## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### Retrospective Medical Necessity Dispute

#### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> ( X ) HCP ( ) IE ( ) IC	<b>Response Timely Filed?</b> (X) Yes ( ) No
Requestor's Name and Address  Injury One Treatment Center 5445 La Sierra Drive, Suite 204 Dallas, Texas 75231	MDR Tracking No.: M5-05-2196-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Liberty Insurance Corp, Box 28	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

#### PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Did Requestor Prevail?
From	To		
8-17-04	9-7-04	97010, 97110 (3 units), 99213	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8-17-04	9-7-04	97110 (1 unit)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

#### PART III: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Commission Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), the Medical Review Division assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor **did not prevail** on the disputed medical necessity issues.

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. One unit of CPT code 97110, from 8-17-04 through 9-7-04, was found to be medically necessary. Three units of CPT code 97110, 97010 and 99213 from 8-17-04 through 9-7-04 were not found to be medically necessary. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 5-5-05 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 97010 on 8-23-04, 8-24-04, 8-31-04 and 9-1-04 was denied as "G-This is a bundled procedure". Per Medicare rules this is a bundled code and is never paid by itself. No reimbursement recommended.

**PART IV: COMMISSION DECISION AND ORDER**

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is not entitled to a refund of the paid IRO fee. The Division hereby **ORDERS** the insurance carrier to remit the amount of \$280.00, plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:

6-23-05

Authorized Signature

Typed Name

Date of Order

**PART V: INSURANCE CARRIER DELIVERY CERTIFICATION**

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: \_\_\_\_\_ Date: \_\_\_\_\_

**PART VI: YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on \_\_\_\_\_. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

**Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

# Z iro C

**A Division of ZRC Services, Inc.**  
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Phone: 512-346-5040  
Fax: 512-692-2924

June 21, 2005

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

Patient: \_\_\_\_\_  
TWCC #: \_\_\_\_\_  
MDR Tracking #: M5-05-2196-01  
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 provider board certified and specialized in Chiropractic and Orthopedics. 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**

Information from Requestor, Respondent, and Treating Doctor including:

1. Office notes, exercise log sheets, and functional capacity evaluation from Sean Fyke, D.C., Injury 1 Treatment Center, 07/22/04 through 09/16/04
2. Letter to "Whom It May Concern" from Patrick Smithson, D.C., dated 03/04/05
3. Letter to Ziroc from Virginia Cullipher, R.N., at Liberty Mutual dated 05/25/05
4. Peer review reports from Professional Review, Inc., in Duluth, Georgia, dated 09/15/04 and 04/04/05
5. TWCC-60, table of disputed services, and explanation of benefits

## **CLINICAL HISTORY**

It is reported that the claimant was doing production work for \_\_\_\_\_ when she sustained a low back injury on \_\_\_\_\_. She saw Patrick Smithson, D.C. on 06/18/04 and reportedly received treatment including physical therapy. There were no records from Dr. Smithson other than his "To Whom It May Concern" letter dated 03/04/05. Dr. Smithson referred the claimant to Injury 1 Treatment Center where she underwent a functional capacity evaluation on 07/22/04. She subsequently was treated at Injury 1 Treatment Center with hot packs and an exercise program that was depicted via exercise log sheets titled, "Daily Flow Sheet."

## **DISPUTED SERVICE(S)**

Under dispute is the retrospective medical necessity of CPT codes 97010, hot/cold packs; 97110, therapeutic exercise (4 units/visit); and 99213, office visit denied by the carrier for use with a U-code.

## **DETERMINATION/DECISION**

The Reviewer partially agrees with the determination of the insurance carrier. The Reviewer disagrees with the following: 97110 1 unit/visit is medically necessary. The Reviewer agrees with insurance carrier that the other services are not medically necessary.

## **RATIONALE/BASIS FOR THE DECISION**

The records submitted from Injury 1 Treatment Center show initiation of the exercise program on 08/03/04. There was minimal change in the exercises, and the program detected in these records would not require multiple units of one-on-one instruction on each visit over the disputed time frame. The exercise program detected in these records would require 1 unit or less of 97110 on each visit for the disputed time frame. There are multiple SOAH and MDRO decisions that reflect this rationale.

Hot/cold packs (97010) are not covered via the Medicare payment methodology that the TWCC system followed for the disputed dates of service.

There was an office visit on 08/31/04 billed as 99213. The records submitted do not show performance of a 99213 level of service on 08/31/04; therefore, the records do not support the medical necessity for this level of office visit.

## **Screening Criteria**

### **General:**

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin, Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by TWCC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literature and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

### **CERTIFICATION BY OFFICER**

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



Dr. Roger Glenn Brown  
Chairman & CEO