

MDR Tracking Number: M5-05-2242-01

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 04-15-05.

The IRO reviewed office visits, therapeutic exercises and manual therapy technique rendered from 05-26-04 through 12-09-04 that were denied based upon "V".

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. The amount of reimbursement due from the carrier for the medical necessity issues equals **\$5,643.88**.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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 05-05-05, 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 99080-73 dates of service 06-30-04, 08-03-04, 09-14-04, 10-19-04 and 12-09-04 denied with denial code "V" (unnecessary treatment with peer review). The TWCC-73 is a required report per Rule 129.5 and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. Reimbursement is recommended in the amount of **\$75.00 (\$15.00 X 5 DOS)**. A Compliance and Practices referral will be made as the carrier is in violation of Rule 129.5.

This Findings and Decision is hereby issued this 6th day of June 2005.

Medical Dispute Resolution Officer

Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees for dates of service 05-26-04 through 12-09-04 totaling \$5,718.88 in accordance with the Medicare program reimbursement methodologies effective 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 Order is hereby issued this 6th day of June 2005.

Manager, Medical Necessity Team
Medical Review Division

Enclosure: IRO Decision

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

Phone 512/248-9020

Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 1, 2005

Re: IRO Case # M5-05-2242 -01 ____

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed in Texas, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Explanation of benefits
3. Respondant's rationale
4. Review reports, 7/2/04, 8/9/04, Dr. Canard
5. Report 4/14/05, Dr. Wetz
6. TWCC-69 4/05
7. Report 4/28/05, Dr. Loar
8. EMG report 7/13/04
9. Report, 9/16/04, Dr. Esses
10. TWCC work status reports
11. Report 11/1/04, Dr. Hood
12. Notes, Dr. keepers
13. Treatment notes, Dr. Wetz

History

The patient injured his neck and shoulder in ___ when he struck a hard object while shoveling dirt. He sought chiropractic treatment. He has been evaluated by MRI of the cervical spine and EMG. He has been treated with medication, chiropractic manipulation, therapeutic exercises, and epidural steroid injections.

Requested Service(s)

OV, Therapeutic exercises, manual therapy technique, 5/26/04 –12/9/04

Decision

I disagree with the carrier's decision to deny the requested services.

Rationale

Based on the records provided for this review, the patient incurred an injury to the cervical spine that resulted in a C6 radiculopathy. The D.C. initially diagnosed the patient with a cervical and shoulder strain, but after MRI and EMG evaluation, the diagnosis was changed to a C6 radiculopathy. A strain

injury should resolve with treatment in 4-6 weeks, but a diagnosed radiculopathy would extend treatment time considerably.

The patient responded slowly and erratically to the D.C.'s care, which was reasonable. The patient did eventually have to undergo two epidural steroid injections, which were very beneficial. The D.C.'s pre and post-ESI passive and active treatment was also beneficial, reasonable, and necessary. The treatment was not excessive, and the documentation provided for this review shows both objective and subjective improvement. The documentation also showed a plan of care and reasoning for continued, monitored therapy. The treatment documentation indicated that treatment relieved the effects of the injury, promoted recovery, and helped the patient to maintain employment. As therapy progressed, the D.C.'s records showed a decrease in frequency and intensity of treatment, and a gradual progression to a home exercise program.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,

Daniel Y. Chin, for GP