

# 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 Charles A. Scott, D. C. 1516 N. Grandview Odessa, TX 79761	MDR Tracking No.:
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Texas Mutual Insurance Company, Box 54	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		
6-21-04	7-28-04	CPT codes 99211, 98940, G0283, 97780, 97032, 97530, 97113, 97022, 97110	<input type="checkbox"/> Yes <input checked="" 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.

### PART IV: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is not entitled to reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

6-29-05  
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 esta correspondencia, favor de llamar a 512-804-4812.

**Medical Review Institute of America, Inc.**  
America's External Review Network

**MRIoA**

June 28, 2005

TEXAS WORKERS COMP. COMMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:  
POLICY: M5-05-2281-01  
CLIENT TRACKING NUMBER: M5-05-2281-01 5278

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIoA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA has performed an independent review of the case in question 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIoA for independent review.

**Records Received:**

RECORDS RECEIVED FROM THE STATE:

Notification of IRO assignment dated 6/17/05, 21 pages

RECORDS RECEIVED FROM CAS HEALTH CARE MANAGEMENT:

Soap notes from Charles A. Scott, DC 4/29/04-8/2/04, 10 pages  
TWCC work status reports, 7/8/04, 8/17/04, 5/27/04, 4/29/04, 4 pages  
Workers Comp Interim report dated 7/7/04, 5/27/04, 8 pages  
Initial Evaluation, Wellness & Injury Medical Center dated 4/28/04, 6 pages  
Report of Medical Evaluation dated 8/17/05, 1 page  
RMJ Evaluations report dated 08/19/04, 10 pages  
Office note, J. Scott Smith, MD dated 7/9/04, 2 pages  
NCV and EMG report no date on report, 1 page  
Electrodiagnostic Study dated 5/28/04, 1 page  
Office Notes Brian Murrell MD, 5/8/04, 5/14/04, 3 pages  
MRI report from Golder CAT Scan & MRI Center dated 5/10/04, 2 pages  
Post Rehab Eval, Wellness & Injury medical Center, 8/12/04, 2 pages  
Rehab Chart notes, 7/12/04 – 8/4/04, 17 pages  
Lumbar Spine Assessment dated 6/23/04, 2 pages

**Summary of Treatment/Case History:**

Patient had a low back injury that was seen on MRI. Injury occurred at work while employed as a mechanic helper. Treatment of adjustments, acupuncture, electric stim, aquatic therapy, whirlpool exercises to rehab area were delivered to patient on dates between 6/21/04 thru 7/28/04. The question is if the treatments delivered were medically necessary.

**Questions for Review:**

DOS 6/21/04-7/28/04:

1. Items in dispute: #99211 OV, #98940 Chiro Manipulative treatment spinal. #G0283 Elec stimulation, #97780 Acupuncture, #97032 Elec Stimulation, #97530 Therapeutic activities, #97113 Aquatic therapy, #97022 Whirlpool, #97110 Therapeutic exercises. Denied by carrier for medically unnecessary treatment. Please address medical necessity.

**Explanation of Findings:**

DOS 6/21/04-7/28/04:

1. Items in dispute: #99211 OV, #98940 Chiro Manipulative treatment spinal. #G0283 Elec stimulation, #97780 Acupuncture, #97032 Elec Stimulation, #97530 Therapeutic activities, #97113 Aquatic therapy, #97022 Whirlpool, #97110 Therapeutic exercises. Denied by carrier for medically unnecessary treatment. Please address medical necessity.

The treatments given are excessive in quantity for the days billed. An example of this is on 7/20/04 #97530 is billed as four units which each unit is equivalent to 15 minutes for total time of one hour. It is also billed with #97113 one unit 15 minutes, also billed with #97022 one unit 15 minutes, also billed with #97110 four units as one hour. We are now looking at 2.5 hours of treatment time. On 6-22-04 billing is for #99211, also billed is #98940, also billed is #97032, also billed is #97780. Typical reasonable care does not include acupuncture along with electric stim done as separate modalities. Acupuncture commonly is performed with the attaching of electric stim to the needles as one modality, however these are billed separately, therefore appear and are implied to of been done as separate modalities which is not medically necessary as separate modalities done on the same day to the same area.

**Conclusion/Decision to Not Certify:**

Decision not to certify treatments as billed. #99211, #98940, #G0283 elec stim, #97780 acupuncture, #97032 elec stim, #97530 therapeutic, #97113 aquatic therapy, #97002 aquatic therapy, #97110 exercises, #97530 therapeutic activity. DOS not to certify 6/21/04 thru 7/28/04.

**References Used in Support of Decision:**

Rehab of the spine - Lieberman  
Medline Plus  
Fundamentals of Chiropractic - Lawrence

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The physician providing this review is board certified in chiropractic medicine. The reviewer also holds additional certifications in Acupuncture and Orthopedics. The reviewer is a member of their state chiropractic association and is certified to provide reviews for the workers compensation commission as a designated doctor, RME and IME. The reviewer has been in active practice since 1998.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an

insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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