

separate payment may be justifiable if a modifier is used appropriately. Recommend reimbursement of \$102.39 (\$34.13 X 3 DOS).

Regarding CPT code 97140-59 on 4-30-04, 5-4-04, 5-6-04, 5-7-04, 5-10-04, 5-11-04, 5-25-04, 5-27-04, 5-28-04, 6-1-04, 6-17-04 and 6-28-04: the carrier denied this service as "N - documentation is insufficient to accurately review this charge." The requestor did not provide documentation to support delivery of services per Rule 133.307(g)(3)(A-F). Reimbursement is not recommended.

Regarding CPT code 98940 on 5-20-04 and 5-24-04: the carrier denied this service as "G-This procedure is mutually exclusive to another on this date of service." Per the 2002 MFG, this service is not bundled with any other service performed on this date. Recommend reimbursement \$67.22 (\$33.61 X 2 DOS).

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 a refund of the paid IRO fee. The Division hereby **ORDERS** the insurance carrier to remit the appropriate amount for the services in dispute consistent with the applicable fee guidelines totaling \$1,902.94, plus all accrued interest due at the time of payment, to the Requestor within 20-days of receipt of this Order.

Findings and Decision by:

Donna Auby

8-31-05

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

If you are unhappy with all or part of this decision, you have the right to appeal the decision. Those who wish to appeal decisions that were issued during the month of August 2005, should be aware of changes to the appeals process which take effect September 1, 2005.

House Bill 7, recently enacted by the 79th Texas Legislature, provides that an appeal of a medical dispute resolution order that is not pending for a hearing at the State Office of Administrative Hearings (SOAH) on or before August 31, 2005 is not entitled to a SOAH hearing. This means that the usual 20-day window to appeal to SOAH, found in Commission Rule 148.3, will be shortened for some parties during this transition phase. If you wish to seek an appeal of this medical dispute resolution order to SOAH, you are encouraged to have your request for a hearing to the Commission as early as possible to allow sufficient time for the Commission to submit your request to SOAH for docketing. A request for a SOAH 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.

Beginning September 1, 2005, appeals of medical dispute resolution orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

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



Specialty Independent Review Organization, Inc.

August 8, 2005

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

Patient: ____
TWCC #:
MDR Tracking #: M5-05-2315-01
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

Ms. ____ was injured on ____ while working for Health Management Services. She was injured when she was pushing and pulling a linen cart. She felt a pop in her lumbar spine. She was provided with multiple ESI's with Charles Willis, MD. The 9/8/04 FCE indicates a crippling category of disability (66%) while her ROM's were basically normal, her strength was normal and her conditioning was acceptable. On 9/16/04, she was placed at MMI with a 5% IR.

RECORDS REVIEWED

Records were reviewed from the requestor and the respondent. Records from the requestor include the following: 3/15/05 letter of medical necessity, letter of clarification of 97140, treatment plan 5-11-04 through 9-8-04, TWCC 69 and IR of 9/16/04, various TWCC 73's (7/19/04 returned to work part time), 5/7/04 lumbar MRI, procedure notes by Charles Willis, MD from 6/25/04 to 5/24/05, FCE of 9/8/04, handwritten notes from unknown source dated 4/27/04 and SOAP notes from 4/27/04 through 9/9/04.

Records from the respondent include the following: 7/16/04 modality review by Glenn Marr, DC and the 5/7/04 MRI report.

DISPUTED SERVICES

Disputed services include 97140, 98940, 98941, 98943, 97035, 97032, 99211, 99212, 99214-25, 97113, 97110 and 97799.

DECISION

The reviewer disagrees with the previous adverse determination regarding all services through 6/22/04.

The reviewer disagrees with the previous adverse determination regarding codes 97110 and 97113 from 6/23/04 through 7/22/04.

The reviewer disagrees with the previous adverse determination regarding code 98940 from 6/7/04 through 7/5/04.

The reviewer agrees with the previous adverse determination regarding all remaining codes.

BASIS FOR THE DECISION

The peer review by Dr. Marr indicates that office visits and PT from 6/22/04 are necessary while future medical care is not necessary. The reviewer indicates that this patient was treated appropriately with the passive therapy progressing into the active rehabilitation through 7/22/04. The reviewer did not find that the patient was showing significant improvement based upon the records submitted after this date. For example, she was indicated to have a 0/10 pain scale upon impairment on 9/16/04 yet she complained of continuing pain of 4/10 and greater. The injury to the lumbar spine was relatively minor and appropriate rehabilitation protocols were allowed based upon the information provided.

REFERENCES

Reed, P The Medical Disability Advisor, 2003, Internet

Van Tulder, Malmivaara, et al. Exercise therapy for low back pain. The Cochrane Database of Systematic Review, emphasizing type and dose of exercise, Physical Therapy Reviews, 1993; 3:107-117.

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