

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) HCP () IE () IC	Response Timely Filed? (X) Yes () No
Requestor's Name and Address Real Health Care 12605 East Freeway, Suite 507 Houston TX 77015	MDR Tracking No.: M5-05-2334-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Rep Box # 47 American Casualty Co. of Reading PA c/o Stone Loughlin & Swanson PO Box 30111 Austin TX 78755	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		
7-1-04	7-13-04	97110	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7-16-04	7-30-04	97110	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7-14-04	7-14-04	97110	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4-27-04	6-29-04	99212, 97140, 97032, 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.

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 June 1 2005 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.

Codes 99212 & 97140 billed on dates of service 4-27-04, 4-28-04, 4-30-04, 6-15-04, and 6-16-04 and code 97032 billed on 4-27-04 had no EOBs submitted by either party. Per Rule 133.308(f)(3), the requestor submitted convincing evidence of carrier receipt of that request. Therefore, this review will be made according to Rule 134.202 (c). Requestor submitted pertinent medical records relevant to the fee dispute. Therefore, recommend reimbursement as follows:

99212 - \$38.42 x 125% = \$48.03 x 5 DOS = \$240.22
 97140 - \$27.13 x 125% = \$33.91 x 8 units = \$339.18
 97032 - \$16.03 x 125% = \$20.04

Codes 99212 & 97140 billed on dates of service 6-1-04 to 6-8-04, and 6-23-04 were denied as not appropriately documented. Requestor submitted pertinent medical records relevant to the fee dispute. Office notes document services rendered. Therefore, recommend reimbursement as follows:

99212 – \$38.42 x 125% = \$48.03 x 3 DOS = \$144.09

97140 - \$27.13 x 125% = \$33.91 x 8 units = \$339.18

Code 99212 billed on date of service 6-8-04 (per table of disputed services) had no EOB and no HCFA submitted for this date of service. Office note indicates a 99214 was billed on this date of service; however, this code is not in dispute. No further review and no reimbursement recommended.

Code 97110 billed on dates of service 4-27-04 to 4-30-04, 6-15-04, 6-16-04 had no EOB submitted by either party or was denied as not appropriately documented (dates of service 6-1-04 to 6-8-04, 6-23-04 to 6-29-04). Per Rule 133.308(f)(3), the requestor submitted convincing evidence of carrier receipt of that request. Therefore, this review will be made according to Rule 134.202 (c). Requestor submitted pertinent medical records relevant to the fee dispute. **RATIONALE:** Recent review of disputes involving CPT code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes “one-on-one”. Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division (MRD) has reviewed the matters in light of the Commission requirements for proper documentation. The MRD declines to order payment for code 97110 because the daily notes did not clearly delineate the severity of the injury that would warrant exclusive one-to-one treatment.

Code 97110 (6 units) billed for date of service 7-14-04 was paid one unit per contract rate per the EOB submitted. The denial reason was C, negotiated contract & F, fee guideline. Requestor did not dispute the existence of a contract. Per **RATIONALE** above, no additional reimbursement recommended.

PART IV: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to reimbursement of \$1,082.71 for the fee issues involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

Authorized Signature

Typed Name

7-6-05

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 the TWCC Chief Clerk of Proceedings/Appeals Clerk must receive it within 20 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 Representative’s 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 en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

IRO America Inc.

(formerly ZRC Services Inc. or ZiroC)
An Independent Review Organization

July 1, 2005

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

Patient: _____
TWCC #: _____
MDR Tracking #: M5-05-2334-01
IRO #: 5251

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

IRO AMERICA has performed an independent review of the proposed care 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 who is a credentialed Panel Member of IRO AMERICA's Medical Knowledge Panel. This case was reviewed by our Panel Member who is a licensed provider, board certified and specialized in Chiropractic and Therapeutic Exercises. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO AMERICA Panel Member / Reviewers is a health care professional who 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 IRO AMERICA 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

Notification of IRO assignment, information provided by Requestor: Correspondence, SOAP notes, exercise logs sheet, progress report, FCE report, MRI report, discogram report, electrodiagnostic testing report, LESI report, orthopedic reports and Oswestry disability report, Respondent: response to IRO request for records, and Treating Doctor.

CLINICAL HISTORY

The records indicate the patient was injured on the job on ___ while riding in the back of a company truck. The truck was moving across an elevated intersection when he was thrust forward causing his injuries. His pain increased and later that day he began unloading his truck. While lifting a basket, his right leg gave way and he fell between the basket and the truck. He went home. The next day he went to the emergency room of a local hospital. He was given medication and placed off work. He was not responding as desired and sought care elsewhere. He was referred to an orthopedist specialist who performed LESI's, discogram and surgical intervention.

DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent medical necessity of Therapeutic exercises-97110 from 7-1-04 through 7-13-04 and 7-16-04 through 7-30-04.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

He was initially evaluated and an aggressive treatment program was begun. Over the course of treatment appropriate referrals were made and diagnostic testing confirmed the significance of his injuries. His treatment included medication, chiropractic, therapy,

LESI's, surgery and postoperative care. He was placed at MMI via a designated doctor's evaluation on 02-03-2004. There is not sufficient documentation or clinical justification for this patient to receive therapeutic exercises in a "one on one" setting five months after being placed at MMI and almost two and one half years after his date of injury. Not only does the documentation not support the services, the Reviewer finds no national treatment guideline that would allow the above treatment.

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 literate 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

IRO AMERICA has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO AMERICA has made no determinations regarding benefits available under the injured employee's policy.

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

IRO AMERICA is forwarding by mail or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer

Cc: _____

Real Health Care

Attn: Sam Randolph/Elizabeth Thomas
713-455-5801

American Casualty Co./Stone Loughlin

Attn: Jane Stone
512-343-1385

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Name/signature

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 1st day of July 2005.

Name and Signature of Ziroc Representative:

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer