

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 Neuromuscular Institute of Texas –PA 9502 Computer Dr Suite 100 San Antonio TX 78229	MDR Tracking No.: M5-05-2428-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Rep Box # 17 c/o Downs Stanford PC	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		
5-6-04	9-15-04	99212, 99213, 99215, 97035, G0283, 97110, 97140, 20553, 97150, S0020, A4209, A4556	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<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 7-15-05 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.

99214 billed on 6-8-04 and 7-27-04 was denied as G, U454, the office visit is included in the value of the surgery or anesthesia. There is no CCI rule that indicates an E/M code is bundled into a surgical or anesthesia code. Recommend reimbursement of $\$77.53 \times 125\% = \$96.91 \times 2 = \$193.82$.

J2001 billed on 6-8-04 was denied as G, B377, this is a bundled procedure, no separate payment allowed. Per the 2002 MFG, J2001 is a component of code 20553 billed on the same day. Therefore, no 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 \$193.82 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

8-30-05

Date

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.

IRO America Inc.

An Independent Review Organization

(IRO America Inc. was formerly known as ZRC Services Inc. DBA ZiroC)

7626 Parkview Circle

Austin, TX 78731

Phone: 512-346-5040

Fax: 512-692-2924

August 23, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TWCC #: _____

MDR Tracking #: M5-05-2428-01

IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission (TWCC) 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; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed Provider, board certified and specialized in Chiropractic care. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer 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, Respondent, and Treating Doctor(s) including: office notes from Brad Burden DC, notes from Mark Dedmon MD, operative report dated 1/30/2004 and 3/12/2004 from The Spine Hospital of South Texas, pain management notes from David Hirsch DO, NCV/EMG from David Hirsch DO, notes from Terry Westfield MD, peer review from Greg Nystrom DC, peer review reconsideration from Thomas Sato DC, evaluation from Marc Taylor MD, note from Review Specialist, Virginia Cullipher RN.

CLINICAL HISTORY

At the time of the injury, the patient had worked for _____ for 21 years. She described her work activities as being such that she types for approximately 60 minutes out of 60 minutes every hour with the exception of the usual breaks. She sits with her head slightly flexed forward, shoulders rolled forward slightly and flexed, and her elbows are bent so that the forearms are parallel to the floor and her hands on the keyboard with the forearms being pronated. She described the condition as one that had progressively gotten worse throughout the day.

DISPUTED SERVICE(S)

Under dispute is the retrospective medical necessity of 99212, 99213, 99215-office visits, 97035-ultrasound, G0283-electric stimulation, 97110 therapeutic exercises, 97140-manual therapy technique, 20553-injections, S0020, A4209, A4556-supplies, 97150-group therapeutic procedures for dates of service 5/06/2004 through 9/15/2004.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The date of injury of this case is _____. The disputed dates of service are 5/06/2004 through 9/15/2004. This is nearly 5 years post injury and on the note provided by the Review Specialist, Virginia Cullipher RN, this patient has received 247 DC/PT visits since the injury, not including the Work Hardening program. The number of treatments is amazingly high for the diagnosis given and yet the patient does not seem to have improved. There does not appear to be enough supporting documentation for additional treatment beyond what the patient has already received. This patient should be very familiar with a home exercise program by now. There did not seem to have any treatment goals listed and there were no outcome assessments provided. Also, there were an unusual amount of co-treating physicians in this case. The Reviewer is in agreement with both peer reviews provided by Greg Nystrom DC and Thomas Sato DC, in that having the patient undergo additional chiropractic and physical therapy for this 12/08/1999 work related injury could not be considered reasonable and necessary, and there would be no rational for continuation of a failed regime.

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.

A handwritten signature in black ink, appearing to read "Roger Glenn Brown", written over a horizontal line.

Dr. Roger Glenn Brown

President & Chief Resolutions Officer