

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 Cotton D. Merritt, D. C. 2005 Broadway Lubbock, TX 79401	MDR Tracking No.: M5-05-2490-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Zurich American Insurance company, Box 19	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		
8-23-04	9-29-04	CPT codes 99212, 99213, 3 units of 97110 for each date, 1 unit of 97140 for each date	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8-23-04	9-29-04	CPT code 97112, more than 3 units of 97110 for each date, more than 1 unit of 97140 for each date	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input 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 **prevailed** on the majority of the disputed medical necessity issues. The total amount to be reimbursed to the provider for these services is \$1,199.58.

PART IV: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to a refund of the paid IRO fee in the amount of \$460.00. The Division hereby **ORDERS** the insurance carrier to remit the amount of \$1,199.58, plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:

Authorized Signature	Typed Name	7-19-05 Date of Order
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PART V: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

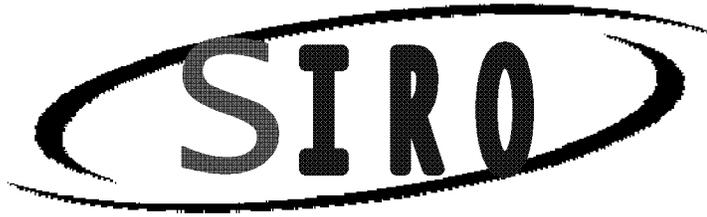
Signature of Insurance Carrier: _____ Date: _____

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 ésta correspondencia, favor de llamar a 512-804-4812.



Specialty Independent Review Organization, Inc.

July 18, 2005

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

Patient: ____
TWCC #: ____
MDR Tracking #: M5-05-2490-01
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

According to the records received and reviewed, the patient ____ was injured in a work related accident on _____. The patient was working for _____ as an aid at the time she was injured. The patient was bathing a patient when she felt a sharp and sudden pain in her right shoulder. She was initially evaluated and treated at _____. Ms. ____ was under the care of Cr. Crow and later referred to Dr. Qubty. An arthrogram of the right shoulder revealed a tendinopathy of the shoulder further complicated by a partial bursa tear. The patient later changed doctors to Dr. Merritt who is considered the treating doctor for the purpose of this review. The patient was then referred to Dr. Soucy who recommended physical therapy and rehab. It should also be noted that a PRME was performed on 11-8-04 by Dr. Hill granting medical necessity of care. The patient was ultimately referred to a work-conditioning program.

RECORDS REVIEWED

Numerous treatment notes, diagnostic tests, evaluations, and other documentation were reviewed. Records included but were not limited to the following:

Medical Dispute Resolution paperwork
Numerous EOB's
Position statement by Dr. Merritt
Treatment notes and documentation by Dr. Merritt

Electrodiagnostic study by Lubbock Diagnostic Testing
Records from Dr. Soucy
Records from Dr. Crow
Report from Dr. Huggins

Records from Covenant Health System
Report from Dr. Hill
Reports from Lubbock Radiology
Response letter from Flahive, Ogden & Latson
Report from Dr. Miner
Multiple TWCC 73's
Designated Doctor Report by Dr. Golovko 11-2-2004 at a 0%

DISPUTED SERVICES

The services under dispute include the following: 99212-25, 99213, 97110, 97112 and 97140 from 8/23/04 through 9/29/04.

DECISION

The reviewer disagrees with the previous adverse decision regarding office visits 99212 and 99213 for the dates under review.

The reviewer disagrees with the previous adverse decision regarding therapeutic exercises 97110 for three units for the dates under review. The reviewer agrees with the previous adverse decision regarding therapeutic exercises 97110 for more than three units for any date of service under review. In other words, up to three units of 97110 for each date of service under review should be approved

The reviewer agrees with the previous adverse decision regarding neuromuscular re-education 97112 for each date of service under review.

The reviewer disagrees with the previous adverse decision regarding one unit of manual therapy for each date of service under review and agrees with the previous decision regarding any more than one unit of manual therapy 97140 for each date of service under review.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, the Official Disability Guidelines, and Evidence Based Medicine Guidelines. The Medicare guidelines and payment policies were also utilized in the decision making process of this review. Medicare payment policies state, "for all PM&R modalities and therapeutic procedures on a given day, it is usually not medically necessary to have more than one treatment session per discipline. Depending on the severity of the patient's condition, the usual treatment session provided in the home or office setting is 30 to 45 minutes. The medical necessity of services for an unusual length of time must be documented." The treating doctor does not provide adequate documentation as to why the patient would need more than 45 minutes of combined rehabilitation per day. Without the presence of a neurological insult, which would require specific neuromuscular re-education, there is no medical necessity for the procedure. In addition it would exceed the 45-minute timeframe. This reviewer does grant the full 45 minutes of rehabilitation for each date of service and also would allow one unit of manual therapy in addition to the 45 minutes of rehabilitation due to the documented adhesive capsulitis. Again the documentation does not support more than one unit of manual therapy. Simply stating that 30 minutes of a procedure was performed does not constitute adequate documentation. The three units of therapeutic exercises and one unit of manual therapy would be medically necessary in Ms. ___'s case. According to the records the patient is considered in the heavy PDL and the MDA gives approximately 3 months, for the maximum duration of length of disability of this type of injury. Considering the patient initiated treatment with Dr. Merritt sometime after her injury, the treatment time period under review falls within the recommended guidelines. The MDA also notes surgical intervention is necessary when individuals fail to improve after several months of physical therapy and subacromial injections, essentially giving several months of physical therapy for recovery.

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