

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 11811 East Freeway, Suite 390 Houston, Texas 77029	MDR Tracking No.: M5-05-2561-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Box 42	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		
09-19-03	10-31-03	99214, 99212, 97140, 97140-59, 97110, 97035 and 97032 (medical necessity issues)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input 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.

Per Rule 133.308(e)(1) date of service 05-09-03 was not timely filed and therefore does not qualify for this review.

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 07-09-04, 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.

Review of CPT code 99213 dates of service 05-23-03, 06-13-03, 06-27-03, 07-14-03 and 07-25-03 revealed that neither party submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Reimbursement is recommended in the amount of **\$240.00 (\$48.00 X 5 DOS)**.

Review of CPT code 97014 dates of service 05-23-03, 06-13-03, 06-27-03, 07-14-03 and 07-25-03 revealed that neither party submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Reimbursement is recommended in the amount of **\$75.00 (\$15.00 X 5 DOS)**.

Review of CPT code 97250 dates of service 05-23-03, 06-13-03, 06-27-03, 07-14-03 and 07-25-03 revealed that neither party submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Reimbursement is recommended in the amount of **\$215.00 (\$43.00 X 5 DOS)**.

Review of CPT code 97010 dates of service 05-23-03, 06-13-03, 06-27-03, 07-14-03 and 07-25-03 revealed that neither party submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Reimbursement is recommended in the amount of **\$55.00 (\$11.00 X 5 DOS)**.

Review of CPT code 99212 dates of service 11-03-03, 11-05-03, 11-06-03, 11-07-03, 11-10-03, 11-14-03, 11-17-03, 11-20-03, 11-21-03, 12-05-03, 12-08-03, 12-10-03, 12-12-03, 12-15-03 and 12-19-03 revealed that neither party submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Reimbursement is recommended in the amount of **\$720.45 (\$38.42 X 125% = \$48.03 X 15 DOS)**.

Review of CPT code 97140 (32 units) dates of service 11-03-03, 11-05-03, 11-06-03, 11-07-03, 11-10-03, 11-14-03, 11-17-03, 11-20-03, 11-21-03, 12-05-03, 12-08-03, 12-10-03, 12-12-03, 12-15-03, 12-19-03 and 12-22-03 revealed that neither party submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Reimbursement is recommended in the amount of **\$1,085.12 (\$27.13 X 125% = \$33.91 X 32 units)**.

Review of CPT code 97110 11-03-03, 11-05-03, 11-06-03, 11-07-03, 11-10-03, 11-14-03, 11-17-03, 11-20-03, 11-21-03, 12-05-03, 12-08-03, 12-10-03, 12-12-03, 12-15-03 and 12-19-03 revealed that neither party submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs, however, recent review of disputes involving CPT code 97110 by the Medical Dispute Resolution section 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 has reviewed the matters in light of all of the Commission requirements for proper documentation. No reimbursement is recommended.

Review of CPT code 99214 date of service 12-22-03 revealed that neither party submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Reimbursement is recommended in the amount of **\$104.79 (\$83.83 X 125%)**.

Review of CPT code 97032 date of service 12-22-03 revealed that neither party submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the requestor provided convincing evidence of carrier receipt of the providers request for EOBs. Reimbursement is recommended in the amount of **\$20.04 (\$16.03 X 125%)**.

The total due from the carrier for the fee issues equals **\$2,515.40**.

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 this amount and the appropriate amount for the services in dispute totaling **\$2,515.40** consistent with the applicable fee guidelines, 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:

_____	_____	06-30-05
Authorized Signature	Typed Name	Date of Findings and Decision
Order By:	_____	_____
_____	_____	06-30-05
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

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.

June 27, 2005
June 17, 2005
August 5, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

REVISED REPORT

Re: Medical Dispute Resolution
MDR #: M5-05-2561-01
TWCC#:
Injured Employee:
DOI:
SSN#:
IRO Certificate No.: IRO 5055

Dear Ms. ____:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: letter of medical necessity, office notes, physical therapy notes, operative and radiology report.

Information provided by Respondent: designated doctor exam.

Clinical History:

The claimant sustained a compensable neck and back injury during the course and scope of his employment on _____. This individual's injuries apparently did not require emergency medical services. He received appropriate exigent medical attention. Services included a protracted course of formal physical therapy. The claimant changed treating doctors in February and sought chiropractic services. The worker's neck and back pain conditions failed to respond to a trial of conservative chiropractic management. A commission-appointed designated doctor determined the claimant's condition reached maximum medical improvement by 04/24/02. However, chiropractic treatment continued. Advanced invasive pain management services (ESIs x3 to the cervical spine) were provided for this individual's neck pain condition.

Disputed Services:

Office visits, manual therapy/distinct procedural service, electrical stimulation-manual, therapeutic exercise and ultrasound from 05/20/03 thru 10/31/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were not medically necessary in this case.

Rationale:

The services in question were not documented as medically necessary and were, in fact, inappropriate. This position is supported by current peer-reviewed medical literature including recent articles appearing in The Family Medicine Resource at Family Practice Notebook titled *Musculoskeletal Low Back Pain Red Flags*, The Journal of American Family Physicians titled *Assessment and Management of Acute Low Back Pain*, and Post-Graduate Medicine titled *Imaging Studies for Acute Low Back Pain*. Evidence-based Disability Guidelines, the Commission's Spine Treatment Guidelines, the AHCRT Guidelines, and the chiropractic profession's own consensus document (Mercy Center Conference Guidelines) indicate a reasonable trial of manual therapy with a 2-week period of an accepted method, and in the absence of documented improvement, a second trial of another accepted method not exceeding 2 additional weeks. The Commission's Treatment Guidelines include primary level of care duration of up to 8 weeks.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP:thh