

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 Gabriel Gutierrez P.O. Box 229 Katy, TX 77492-0229	MDR Tracking No.: M5-05-2591-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Texas Mutual Insurance Company, Box 54	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: SUMMARY OF DISPUTE AND FINDINGS – MEDICAL NECESSITY ISSUES

Dates of Service		CPT Code(s) or Description	Did Requestor Prevail?
From	To		
6-2-04	6-30-04	CPT code 97110 (units denied for medical necessity) and 97116	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7-2-04	8-30-04	CPT code 97110 and 97116	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6-2-04	8-30-04	CPT codes 99211, 97032, 97124, 97010, 97140	<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.

In accordance with Rule 133.308 (e), requests for medical dispute resolution are considered timely if they are filed with the division no later than one year after the dates of service in dispute. The following dates of service are not eligible for this review: 4-19-04 through 5-17-04.

The Division has reviewed the enclosed IRO decision and determined that the requestor did **not** prevail on the majority of the disputed medical necessity issues. The total amount due the Requestor for the medical necessity services is \$342.95.

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.

On 7-7-05 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.

Regarding CPT code 97110 from 6-7-04 through 9-1-04 which were denied for "01 – the charge for the procedure exceeds

the amount indicated in the fee schedule”: 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 all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Reimbursement not recommended.

CPT code 97116 on 6-18-04 was denied as “01 – the charge for the procedure exceeds the amount indicated in the fee schedule”: Per 134.202(c)(1) the MAR for this service is \$31.55. Recommend reimbursement of \$31.55.

CPT code 97124 on 6-18-04 and 9-1-04 was denied as “01 – the charge for the procedure exceeds the amount indicated in the fee schedule”: Per 134.202(c)(1) the MAR for this service is \$28.09. Recommend reimbursement of \$56.18 (\$28.09 X 2 DOS).

CPT code 97116 on 7-19-04 was denied as “G-Global”: Per the 2002 MFG this service is not global to any other service on this date. Recommend reimbursement of \$31.55.

CPT code 99211 on 7-21-04, 9-1-04 and 9-8-04 was denied as “01 – the charge for the procedure exceeds the amount indicated in the fee schedule”: Per 134.202(c)(1) the MAR for this service is \$27.04. Recommend reimbursement of \$81.12. (\$27.04 X 3 DOS).

CPT code 99211 on 7-30-04 was denied as “TG – documentation does not support the service billed.” The requestor provided documentation to support delivery of services per Rule 133.307(g)(3)(A-F). Recommend reimbursement of \$27.04.

CPT code 97032 on 9-1-04 (2 units) was denied as “01 – the charge for the procedure exceeds the amount indicated in the fee schedule”: Per 134.202(c)(1) the MAR for this service is \$31.55. Recommend reimbursement of \$40.08 (\$20.04 X 2 DOS).

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 \$610.47, 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:

8-19-05

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.



August 3, 2005

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

Patient: ____
TWCC #: ____
MDR Tracking #: M5-05-2591-01
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 with a specialty in Rehabilitation. 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 ____ She was apparently getting out of a car which was moving in reverse at a rate of 5-10 mph according to the hospital reports. She measures 5'3" and weighs 250 lbs. according to the records. She has a complicating factor of high blood pressure and obesity. She apparently had some form of shoulder surgery in February of 2004. The patient presented to the ER of Christus Health. A CT scan was recommended by the ER physicians. She presented to the office of Gabriel Gutierrez, DC on or about 3/17/04. Dr. Gutierrez recommended up to six to twelve weeks of care with continuing improvement of functionality. She was subsequently seen by William Donovan, MD on 4/4/04 who opined that she required crutch ambulation, left knee PT, arthroscopic knee surgery (left) and medicinal management. On 4/15/04, Dr. Donovan performed a left medial and lateral resection of the meniscus, arthroscopic synovectomy (two compartments) and arthroscopic lateral release of the left patella. The 4/21/04 SOAP note by Dr. Gutierrez notes severely reduced left knee ROM and reduced strength. The patient was provided with therapeutic exercises, passive therapies and ADL's.

RECORDS REVIEWED

Records were received from the respondent and the requestor/treating doctor. Records from the respondent include the following: 7/22/05 letter from La Treace Giles, RN, ER notes from Christus Health, left knee MRI of 3/29/04, 4/4/04 consult by Dr. Donovan, 4/15/04 operative report and SOAP progress notes by Dr. Gutierrez from 4/21/04 through 8/4/04.

Records from the requestor/treating doctor include some of the above in addition to the following: TAC 134.202, pgs. 20-23 & 64, 7/13/05 letter from Dr. Gutierrez and SOAP progress notes from 3/17/04 to 5/4/05.

DISPUTED SERVICES

The disputed services include 99211, 97032, 97110, 97116, 97124, 97010 and 97140 from 6/2/04 through 8/30/04.

DECISION

The reviewer disagrees with the previous adverse determination regarding codes 97110 and 97116 from 6/2/04 through 06/30/04.

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

BASIS FOR THE DECISION

The reviewer states that the documentation continuously refers to "stage II, post surgical meniscus repair protocol... see protocol sheet for details, etc". None of these documents or protocols were provided with the documentation by the treating doctor or the respondent. The reviewer states it is extremely difficult to review services when the doctor does not provide all the necessary information in his notes or his documentation that is sent to the IRO.

The reviewer notes that the documentation does not include an FCE, PPE or examination sheet that would allow the reviewer to track ROM, strength improvements/deficits and/or functional documentation.

The reviewer notes that the rehabilitation was begun three days after surgery. This is odd in itself. The normal protocols (according to the Institute for Bone and Joint Disorders) indicate beginning of rehab approximately two weeks post surgical. The reviewer notes that the normal protocol for a meniscus repair is between four and six weeks as per accepted medical literature and protocols. However, for the patient's medium PDL, the medical disability advisor indicates that 56 days of treatment are generally indicated after a meniscal arthroscopic surgery. (see below)

Arthroscopic meniscectomy.

Duration in Days			
Job Classification	Minimum	Optimum	Maximum
<i>Sedentary</i>	7	14	28
<i>Light</i>	7	14	35
<i>Medium</i>	14	21	56
<i>Heavy</i>	21	42	84
<i>Very Heavy</i>	28	42	126

According to the MDA, "comorbid conditions such as Obesity may lengthen disability. Pre-existing or co-existing conditions such as osteoarthritis, knee ligament injury, inflammation of the inner lining of a joint cavity (synovitis), and scar tissue build-up inside the knee joint (arthrofibrosis) are known to lengthen disability."

The reviewer notes that the obesity, quick beginning of rehab and the osteoarthritic splaying of the knee are complicating factors which would have provided the patient with the need for more than the standard rehabilitation program. The reviewer allows the ten weeks based upon these factors. The reviewer acknowledges that the treating doctor should work on the documentation to substantiate medical care provided in this case.

REFERENCES

Maitra, Ranjan, Mark Miller, and Darren Johnson. "Meniscal Reconstruction Part I: Indications, Techniques, and Graft Considerations." The American Journal of Orthopedics 28 (1999): 213-218.

Cambell, E Arthroscopic Surgery, Institute for Bone and Joint Disorders,

Reed, P Medical Disability Advisor, 2003, Internet

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