

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 Richard Stephenson, D. C. 322 North Main St. Bryan, TX 77803	MDR Tracking No.: M5-05-2713-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address <div style="text-align: center;">Box 45</div>	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

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

Dates of Service		CPT Code(s) or Description	Did Requestor Prevail?
From	To		
6-21-04	7-15-04	CPT code 99212	<input checked="" 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. Per Rule 134.202(d), reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider's usual and customary charge). The amount due the requestor for the medical necessity issues is \$105.00.

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 7-18-05 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 99080-73 on 7-1-04 and 7-15-04: The carrier denied this service with a "U" for unnecessary medical treatment; however, the TWCC-73 is a required report per Rule 129.5 and is not subject to an IRO review. A referral will be made to Compliance and Practices for this violation. The Medical Review Division has jurisdiction in this matter; Recommend reimbursement of \$30.00. (\$15.00 X 2 DOS).

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 \$135.00, 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.

Ordered by:

8-17-05

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.



Specialty Independent Review Organization, Inc.

August 10 2005

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

Patient: ____
TWCC #: ____
MDR Tracking #: M5-05-2713-01
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

Mr. ____ was injured on ____ while working for the _____ as an employee of the _____. Apparently, there are two injuries according to the carrier, the first on ____ and the second on _____. He was worked up and had surgery on 11/9/00. The surgery consisted of a partial medial meniscectomy and excision of medial shelf plica on the right. The records

indicate a lack of improvement post surgical. Upon further examination, a deep thrombosis was discovered. Medications and hospitalization were provided. The carrier denied these treatments as noncompensable. He switched treating doctors to Richard Stephenson, DC, DAAPM. He obtained a shoulder MRI. Thomas Dilger, MD performed a designated doctor exam on 1/27/05 indicating the presence of a 19% IR. On 5/4/05 the deep vein thrombosis was found to be compensable by agreement.

RECORDS REVIEWED

Records were received from both the requestor/treating doctor and the respondent. Records from the requestor include the following: Benefit Dispute Agreement of 5/4/05, dispute position statement, various TWCC 62's, Russell Enke, MD report of 8/17/04, 6/25/04 request for reconsideration letter, typewritten notes without provider name from 09/10/02 through 06/07/04, various TWCC 73's, 4/29/04 twcc 69 and report by Leslie Bishop, MD, recon letters of 1/19/04, 04/18/02, 5/12/04, 6/25/04 and 8/08/04,6/10/05 report by Sharon Wilks, MD, initial medical reports of 11/4/02, 4/6/04, 9/9/02, report of injury, E1, exam forms of 11/4/02, MRI of 11/11/03, Notes by Barry Solcher, MD, various letters of medical necessity/referral concerning MRI's, consulting doctors, notes by SA Tumor and Blood Clinic, causation report of 4/21/04, duplex ultrasound exam of 4/10/04, 11/9/2000 operative report, 1/27/05 DD report by Thomas Dilger with TWCC 69, 11/15/01 IR narrative by Sam Liscum, DC, notes by Richard Alford, MD, 11/16/00 report by Sam Liscum, DC, Notes by Jeff Spaw, MD, disagreement with finding of IR of 12/16/04 letter, 9/23/04 report of IR by Thomas Dilger, MD, MRI of 11/18/04, elbow x-ray report of 3/16/04, 4/10/04 ER report and records, reports by Dennis Swena, MD, notes by Will Gaines, MD, notes by Russell Biles, MD, 6/24/04 APS for TDCJ, various subsequent medical narrative reports, therapeutic procedures charts from 12/27/00 through 5/30/01 and SOAP notes from 11/16/2000 through 11/15/01.

Records from the respondent include some of the above in addition to the following: 7/18/05 letter by Jennifer Dawson, DD report by Bruce Kinzy, MD of 4/1/00, letter of clarification by Dr. Kinzy dated 10/20/00, initial med report of 11/16/00 by Sam Liscum, DC, 12/8/00 ER reports, Progress notes by St Joseph Regional Health Center, 12/21/00 report by David Suchowiecky, MD, DD report by Stephen Denson, MD and typewritten notes without provider name from 5/3/04 through 7/15/04.

DISPUTED SERVICES

Disputed services include code 99212 from 6/21/04 through 7/15/04.

DECISION

The reviewer disagrees with the previous adverse determination regarding code 99212 on 6/21/04, 7/6/04 and 7/15/04.

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

BASIS FOR THE DECISION

The reviewer indicates that on the above-approved services the treating doctor showed through documentation that there was a change in the presentation of the patient or a need for evaluation to ensure safe and efficacious return to work. For example, the 6/21/04 note indicates that he will be having a BRC to enable the compensability of the deep thrombosis. The treating doctor required this visit to properly prepare for the coming BRC for the compensability of the injury, which the carrier had denied for approximately five years. On 7/6/04 the patient reported with decreased skin sensitivity and pain. The notes indicate that the carrier would not allow the patient to seek care with a cardiovascular surgeon. All the cardiovascular specialists want to be able to treat the patient upon examination. However, the carrier apparently doesn't want this to happen. They wanted an opinion and not treatment according to the records. The 7/15/04 note indicates that he is being released to full duty work and that his symptomatology was improving.

REFERENCES

Current Medical Diagnosis and Treatment, 39th ed. Tierney, Lawrence M., Stephen J. McPhee, and Maxine A. Papadakis, eds. New York: Lange Medical Books/McGraw-Hill, 2000.

Reed, P Medical Disability Advisor, 2003, Internet

TLC §408.021

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