

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 – P. A. 9502 Computer Drive, Suite 100 San Antonio, TX 78229	MDR Tracking No.: M5-05-2766-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address ESIS Insurance Corporation, Box 60	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	12-30-04	CPT code 99212 and CPT code 99213	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12-30-04	12-30-04	CPT code 97035	<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 **prevailed** on the disputed medical necessity issues. The amount due the requestor for the medical necessity issues is \$292.08.

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. The services, rendered were found were not found to be medically necessary. 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.

Regarding CPT code 99080-73 on 8-17-04, 10-15-04, 11-8-04 and 12-30-04: The carrier denied these services with a "V" for unnecessary medical treatment based on a peer review; 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. Recommend reimbursement of \$60.00 (\$15.00 X 4 DOS).

Regarding CPT code 99080 on 12-7-04: The carrier denied this service as "F – Fee Guideline MAR Reduction". The carrier made no payment and gave no valid reason for not doing so. Recommend reimbursement per Commission Rule 134.202(c)(1) of \$45.00.

CPT code 99213 on 12-7-04: The office visit falls within the follow-up period of a surgery." The requestor provided

documentation to support delivery of services per Rule 133.307(g)(3)(A-F). Recommend reimbursement per the 2002 MFG of \$61.98.

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 \$459.06, plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:

Donna Auby

8-9-05

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.

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-05-2766-01
Name of Patient:	
Name of URA/Payer:	Neuromuscular Institute of Texas
Name of Provider: (ER, Hospital, or Other Facility)	Neuromuscular Institute of Texas
Name of Physician: (Treating or Requesting)	Brad Burdin, DC

July 28, 2005

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

Documents Reviewed Included the Following:

1. Correspondence, treatment and examination records from the provider
2. Carrier reviews
3. Designated doctor examination and impairment rating
4. Required medical examination
5. Report of Patrick H. Wilson, M.D.
6. Report of David M. Hirsch, D.O.
7. Report of Mario Bustamante-Montes, M.D.
8. FCEs
9. NCV report
10. Diagnostic Imaging Reports

Patient underwent physical medicine treatments and surgeries after sustaining multiple injuries when she fell on the floor at work on ____.

REQUESTED SERVICE(S)

Office visits (99212 and 99213) and ultrasound (97035) not marked as "Fee" issues from 06/21/04 through 12/30/04.

DECISION

The disputed office visits are approved.

The ultrasound treatment is denied.

RATIONALE/BASIS FOR DECISION

There is inadequate documentation to support the medical necessity of the passive, ultrasound treatment a full two years after the injury.

On the other hand, the submitted medical records adequately support the medical necessity of the office visits by the provider. In fact, allopath Trotter (the carrier reviewer) confirmed the medical necessity of the office visits when on 03/28/04 he opined, "There appears to be exclusively a reasonable medical necessity for either intermittent p.r.n. office visits with the primary provider who is apparently Chiropractor Burdin or an orthopedic surgeon, although not both." Allopath Trotter went on to state, "Therefore to a reasonable degree of medical probability it is this reviewer's impression that the claimant exclusively has an indication for office visits on a p.r.n. i.e. minimal basis to on a maximum of on a quarterly basis by one/primary provider."