

CPT code 97750-MT - \$129.00

99213 – \$250.99 - (\$48.00 X 4 DOS for 96 MFG plus \$58.99 X 1 DOS for 2002 MFG)

97150 – \$108.00 - (\$27.00 X 4 DOS)

97110 - 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.

Regarding CPT code 99080-73 on 7-8-03: 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. The Medical Review Division has jurisdiction in this matter; Recommend reimbursement of \$15.00.

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 the appropriate amount for the services in dispute consistent with the applicable fee guidelines totaling \$2,430.49, 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:

8-24-05

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 22, 2005

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

Patient: ____
TWCC #: ____
MDR Tracking #: M5-05-2971-01
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

____ was injured on ____ while working for the ____ . The report of injury indicates that she was opening a heavy steel door when she felt low back pain, pain between the shoulder blades and right neck pain. She has a history of high blood pressure, obesity and mitral valve prolapse. She measures 5'6" and weighs 184 lbs. according to the records. She presented to the office of Sam Liscom, DC on 12/29/00. Dr. Liscom performed various therapies until 10/30/02 when the patient underwent an anterior discectomy and decompression of C6/7, allograft for inter body effusion at C6/7 and anterior tongue and plate system with four screws at C6/7. She participated in a WH program and a CPM program in 2001. She was placed at statutory MMI on 1/19/03 with a 19% IR by the designated doctor, Mark Sanders, MD. Dr. Shedden gave a post surgical PT release on 2/27/03. The treating doctor put the patient through a PT program from 4/4/03 through 6/25/03. It is unclear why there was a delay of approximately 5 weeks from Dr. Shedden's notes indicating she was released to rehab and to the beginning of the PT program with BJC. She was provided with an impairment rating of 33% utilizing the 3rd edition of the Guides by the treating doctor on 2/13/04. She was apparently returned to modified duty work on 10/12/04 according to the TWCC 73 of 10/12/04.

RECORDS REVIEWED

Records were received from both the requestor/treating doctor and from the respondent. Approximately 6 inches of records were received and reviewed to complete this report. Records from the requestor/treating doctor include the following: 7/21/05 summary document (indicating over 560 pages are included), appendix a through appendix e, initial narrative of 12/29/00, various TWCC 73's, subsequent medial narrative reports from 1/16/01 through 04/29/03, cervical, thoracic and lumbar ROM assessment reports, initial FCE report of 5/24/01, IR report of 2/13/04, Delorme Testing from 1/19/01 through 6/17/03, therapeutic procedures notes from 1/5/01 through 6/25/03, documentation of procedures notes by Dr. Liscom, vocational rehab notes, relaxation therapy notes, nutritional counseling notes, notes from the Suchowiecky Center, back care program notes, doctor session notes, weekly assessment and goals notes, weekly progress reports, work hardening exercise sheets, aquatic therapy notes, work simulation notes from BJC, weekly patient assessment notes, work simulation lift task and functional activities tolerance notes, daily notes from 12/29/00 through 12/17/04, LSI silver electrode MN letter, TWCC 53 dated 3/4/03, initial assessment by David

Suchowiecky, MD, follow up notes by Dr. Suchowiecky, discharge summary from Dr. Suchowiecky, cervical and thoracic MRI of 1/22/01, various referral scripts from Dr. Liscum, notes by Randall Light, MD, neurodiagnostic testing of 1/25/01, notes by David MacDougall, DO, notes by David Dao, MD, notes by Michael Green, MD, cervical CT/myelogram of 8/9/01, notes by Peter Shedden, MD, corrected MRI report of 10/21/02, notes from Memorial Healthcare Systems, operative report of 10/30/02, designated doctor notes by Nicerio DeLeon, DC, handwritten notes from an unknown source dated 6/11/01 and DD report by Eduardo Elizondo, MD.

Records from the respondent include some of the above in addition to the following: 8/8/05 letter by Jennifer Dawson, subsequent FCE of 7/11/01, 8/8/03 FCE, outpatient progress notes by Dr. Suchowiecky from 8/6/01 through 9/23/03, neurophysiologic monitoring report of 10/30/02, notes by David Bailey, DC, notes by Carlos Durham, MD, rehab closure report of 5/17/03, report by Stephen Esses, MD, report by Benzel MacMaster, MD, IR by David Bailey DC of 12/9/02, DD report by Hugh Ratliff MD, reports by Donald Nowlin MD and report by Mark Sanders MD.

DISPUTED SERVICES

Disputed services include the following: 99213, 99214, 97110, 97150, 99070, 97265, 97250, 97750-MT, 99080 (copy of records for DD) and 95851 from 5/13/03 through 7/16/03.

DECISION

The reviewer agrees with the previous adverse determination regarding the following codes: 97265, 97250, 97150, 99213 and code 95851.

The reviewer disagrees with the previous adverse determination regarding all remaining codes. The only exception is code 97110, which was approved times four units per day during the time frame under question.

BASIS FOR THE DECISION

The reviewer notes the chronic use of passive therapeutics to not be effective at this stage of treatment. The reviewer notes that the ROM examinations performed on 7/8/03 would be a part of the code 99214 performed on the same date. Therefore, these ROM codes are not medically necessary. The reviewer indicates that the surgical procedure, which the patient underwent, has normal rehabilitation protocols lasting up to 12 weeks according to the North American Spine Society Phase III Clinical Guidelines. The reviewer states that 1-½ hours to 2 hours of treatment per date of service was too much to perform. Medicare Guidelines indicate 30-45 minutes of treatment are recommended. The reviewer indicates that the true needs of this patient would be in the middle of these two standards. Therefore, 1 hour of 97110 is approved per date of service.

According to the Medical Disability Advisor, the medium PDL of this patient requires up to 84 days of post surgical treatment. Secondary to the lack of active therapeutics for several months post-surgically this time frame is extended. Therefore, the approximately six weeks of active therapeutics are approved. The MDA further indicates that obesity is a complicating factor to this condition.

The reviewer indicates that the 99080 code on 7/2/03 is medically necessary to provide the DD with records to review prior to the examination. The reviewer further states that the group therapeutic procedures were not well documented in the notes provided; therefore, by convention they are not medically necessary.

Cervical or thoracic spine.

Duration in Days			
Job Classification	Minimum	Optimum	Maximum
<i>Sedentary</i>	14	42	56
<i>Light</i>	21	42	56
<i>Medium</i>	42	56	84
<i>Heavy</i>	91	119	182
<i>Very Heavy</i>	119	119	182

REFERENCES

Reed, Presley Medical Disability Advisor, 2005, Internet

Vopr Kurortol Fizioter Lech Fiz Kult. Exercise therapy in complex treatment of cervical osteochondrosis in the pre- and postoperative period in diskectomy with anterior spondylosis 1975 Mar-Apr;(2):157-62.

NASS Phase III Clinical Guidelines, Herniated Disc/Operative Section (IV)

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