



Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity and Fee Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address:	MDR Tracking No.: M5-05-3221-01
Killeen Rehab Group 5445 La Sierra Dr # 204 Dallas, TX 75231	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
American Casualty Company of Reading, Box 47	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents included TWCC 60 form, Explanations of Benefits, medical documentation and CMS 1500's. Position summary states, "The treatments rendered were medically necessary. The patients's recovery would have been negatively impacted without these treatments. The MAR was not paid."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

No position summary was received.

PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
4-11-05, 4-22-05	CPT code 99212	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$90.00
3-18-05 and 4-11-05	CPT code 97112	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$70.42
3-18-05, 4-11-05, 4-22-05	CPT codes 97124, 98940, 97110	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0

PART V: 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 Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution 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 did not prevail on the majority of the disputed medical necessity issues. The amount due the requestor for the items denied for medical necessity is \$160.45.

Based on review of the disputed issues within the request, the 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 Medical Dispute Resolution.

On 9-13-05 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.

CPT code 97112 on 2-28-05 was denied as "F – Reimbursement has been calculated according to State Fee Schedule Guidelines." The requestor billed for 2 units. However, the carrier has reimbursed for one unit. Per the 2002 MFG "This code may be billed in 15 minute units." Recommend additional reimbursement of \$35.21.

CPT code 97124 on 3-16-05, 3-21-05, 3-28-05, 3-30-05, 4-4-05, 4-6-05, 4-8-05, 4-15-05, was denied as "G-This code is a comprehensive component of another code on the same day." Per the 2002 MFG CPT code 97124 is "considered by Medicare to be a component procedure CPT code 98940." Recommend no reimbursement.

CPT code 99212 on 3-21-05, 3-30-05, 4-6-05, and 4-15-05 was denied as "G-This code is a comprehensive component of another code on the same day." Per the 2002 MFG an office visit on the same day as a manipulation is not justified. Recommend no reimbursement.

CPT code 97112 on 3-16-05, 3-21-05, 3-28-05, 3-30-05, 4-4-05, 4-6-05, 4-8-05 and 4-15-05, was denied as "G-This code is a comprehensive component of another code on the same day." Per the 2002 MFG CPT code 97124 is "considered by Medicare to be a component procedure CPT code 98940." Recommend no reimbursement.

CPT code 97110 on 4-15-05 and 4-20-05 was denied as "F – Reimbursement has been calculated according to State Fee Schedule Guidelines." The requestor billed for 3 units. The carrier has reimbursed for one unit. Regarding CPT code 97110 from : 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.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is not entitled to a refund of the paid IRO fee and the Division has determined that the requestor is entitled to reimbursement in the amount of \$195.63. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30 days of receipt of this Order.

Findings and Decision and Order by:

Authorized Signature

Typed Name

10-14-05

Date of Order

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and 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. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.



Specialty Independent Review Organization, Inc.

September 27, 2005

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

Patient:
TWCC #
MDR Tracking #: M5-05-3221-01
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 employed with _____. The records indicate that she was moving mattresses out of a storage room. She indicates she felt a severe lower back pain. She presented to the Baptist Health systems for treatment. She was treated by multiple chiropractors over the next two months. Micah Mordecai, DC became the treating doctor. Over the next 16 months she was worked up to a lumbar decompression and fusion at L4/5. This was performed on 10/20/04. Limited records regarding the post surgical period are available. No records regarding the release of the patient to post surgical rehabilitation by the surgeon are available. A peer review by Byron Strain, MD was performed on 4/20/05. She was placed at MMI on 6/6/05 by Steven Doores, MD, American Society of Plastic Surgery with a 5% IR.

RECORDS REVIEWED

Records were received from the requestor/treating doctor and from the respondent. Records reviewed from the respondent include the following: 4/20/05 report by Byron Strain, MD and 6/6/05 DD report by Steven Doores, MD.

Records reviewed from the requestor/treating doctor include the following: TWCC 60 and accompanying documents, 8/4/05 letter from Trisha Noorani, EOB's from 2/28/05 through 4/22/05, various HICFA 1500's, 6/28/05 letters (x2) from T. Noorani, multiple USPS track and confirm slips, 7/21/05 request for reconsideration letter by T. Noorani, 6/14/05 request for recon letter by T. Noorani, 10/30/03 initial clinical interview report, request for preauth for individual psychotherapy, 12/22/03 denial of pain management program, pain management summaries by Victoria Curione, MS, LPC, LCDC (not dated), treatment extension request

of 4/7/04, psych progress notes from 1/23/04 through 2/9/04 1/13/04 approval for individual psych session report, CPM preauth note of 12/18/03, 11/24/03 denial of request for psych testing, 11/3/03 referral for CPM script, 12/22/03 denial of psych testing, TWCC 73 of 12/10/03, SOAP notes by C Blair, DC from 2/07/05 through 4/18/05, 11/10/04, 1/4/05 and 3/14/05 TWCC 73, 11/10/04 through 1/31/05 notes by Dr. Blair, 10/15/04 SOAP note, 10/15/04 handwritten paper "Welcome", 4/26/04 individual psych note and a 4/26/04 pain scale report.

DISPUTED SERVICES

Disputed services include the following: 97124, 97112, 98940, 99212 and 97110 on 3/18/05, 4/11/05 and 4/22/05. Multiple other dates are listed as fee disputes.

DECISION

The reviewer disagrees with the previous adverse determination regarding code 99212 on all dates of service and 97112 on 3/18/05 and 4/11/05.

The reviewer agrees with the previous adverse determination regarding all remaining services on all remaining dates of service.

BASIS FOR THE DECISION

The reviewer states that the requestor did not include any information as to when the patient was released to begin post surgical rehabilitation. Therefore, assumptions must be made based upon a standard patient population. According to Maxey and Magnusson, Rehabilitation for the Postsurgical Orthopedic Patient, 2001 the patient should begin rehab beginning 6-10 weeks post surgery. For purposes of this discussion, we will assume the maximum. That would put the beginning of rehabilitation on or about 1/5/05. The same resource indicates the normal rehabilitation protocol is between 11 and 19 weeks post surgical. This would place the end point of post surgical rehab at approximately 4/15/05 at a maximum without documented complications. The patient should be placed on a home exercise protocol beginning at the 6th week post surgical to be made more self reliant toward the end of this protocol.

The reviewer indicates that the neuromuscular re-education is appropriate to rehabilitate a post-surgical condition in which the multifidus muscles have been lacerated by the surgical process. The multifidi are important in the core stability of the lumbar spine; therefore, this process is medically necessary (according to Brotzman and Wilk, Clinical Orthopaedic Rehabilitation, 2003, Second Edition).

The documentation of the manipulations performed in the lumbar spine are not specific as to the technique used or as to the level which was manipulated. Therefore, the manipulation is considered to be contraindicated in a post surgical lumbar spine in which a fusion has been performed.

Passive therapies at this point in treatment are not medically necessary as per established Guidelines including the ACOEM and the ODG's. The Guidelines of the Council of Chiropractic Physiological Therapeutics and Rehabilitation indicate these should only be used in the acute and subacute phases. The reviewer further states that the documentation of procedures performed by the clinic are at best fair to poor. It would behoove the requestor to either submit further documentation of services performed or work on the nature of their documentation in the future.

In reference to the above statement, the MDR quarterly newsletters from TWCC, the purpose of these reviews is to enable the requestors, respondents and treating doctors to learn from the mistakes made on their and other provider's cases. Therefore, the documentation and implementation of treatment can be made more effective for the injured worker's in the State of Texas. Thereby, making the system work better for all concerned.

REFERENCES

Brotzman, Wilk, Clinical Orthopaedic Rehabilitation, Mosby, 2003, Second Edition

Maxey, Magnusson, Rehabilitation for the Postsurgical Orthopedic Patient, Mosby, 2001

ACOEM Guidelines

Reed, P The Medical Disability Advisor, 2005

NASS Phase III Clinical Guidelines.

Physiotherapy and Rehabilitation Guidelines by the Council of Chiropractic Physiological Therapeutics and Rehabilitation

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