



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:

**Main Rehab & Diagnostics/Administrative Office  
3500 Oak Lawn Suite 380  
Dallas TX 75219**

MDR Tracking No.: M5-05-3243-01

Claim No.:

Injured Worker's Name:

Respondent's Name and Address:

**American Casualty Co. of Reading PA Box 47**

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

#### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package. Position Summary: Necessary testing.

#### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Response to DWC-60 package. Position Summary: None submitted.

#### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
8-16-04 to 4-19-05	72100, 73560, 97124, 97140, 97010, 95851-59, 95833-59, 99211, 97150, 97012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$954.60
8-24-04 to 8-27-04	97110	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$571.00
8-29-04 to 11-10-04	97110	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
	TOTAL		\$1,525.60

#### 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 **prevailed** on the majority of the disputed medical necessity issues.

Code 72100WP-QU billed @ \$56.00 was paid by the carrier @ \$51.63. Requestor is seeking additional \$4.37. Per Medicare Fee Schedule, no additional reimbursement is due.

Code 73560-WP-QU billed @ \$42.00 was paid by the carrier @ \$39.99. Requestor is seeking additional \$2.01. Per Medicare Fee Schedule, no additional reimbursement is due.

Code 95851-59 billed on 8-18-04 and code 95833-59 billed on 8-20-04 are components of office visits 99211 and 99213 billed on the same dates of service. The IRO stated that the service is medically necessary; however, per the 2002 Medical Fee Guideline, modifiers are not allowed and reimbursement is included with the office visit. No separate reimbursement is recommended.

Code 97010 billed on dates of service 8-18-04 and 8-19-04 was denied as unnecessary medical. The IRO stated that the service is medically necessary; however, per the 2002 Medical Fee Guideline, hot/cold packs are never reimbursed separately as they are included in the primary procedure billed. No separate reimbursement is recommended.

On 9-9-05, Medical Review submitted a Notice to the 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.

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

99080 billed on 4-19-05 was denied as 'not documented'. The requestor submitted copy of TWCC order for a designated doctor exam. Twenty-two pages of medical records @ \$.50/page were documented. Per rule 133.2(c) and 133.106, recommend reimbursement of \$11.00.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. 133.308, 134.202, 133.2, 133.106

**PART VII: DIVISION DECISION AND ORDER**

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 entitled to additional reimbursement in the amount of \$1,536.60.

In addition, the Division finds that the requestor was the prevailing party and is entitled to a refund of the IRO fee in the amount of \$460.00. 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.

Ordered by:

\_\_\_\_\_, Medical Dispute Officer

12-6-05

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
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.**

November 23, 2005

Texas Department of Insurance Division of Worker's Compensation  
MS48  
7551 Metro Center Drive, Suite 100  
Austin, Texas 78744-1609

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M5-05-3243-01**  
**DWC #:**  
**Injured Employee:**  
**Requestor: Main Rehab & Diagnostics/Administrative Office**  
**Respondent: American Casualty Co**  
**MAXIMUS Case #: TW05-0187**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308 which allows for a dispute resolution by an IRO.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor who is on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the approved doctor list (ADL) of DWC or has been approved as an exception to the ADL requirement. A certification was signed that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO, was signed. In addition, the MAXIMUS chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns an adult female who sustained a work related injury on \_\_\_\_\_. The patient reported that she was washing dishes when she slipped on a wet floor and fell. She reported injury to her back and left knee. Evaluation and treatment have included MRI, electrophysiological evaluation (EMG/NCS), epidural steroid injections and medications. Diagnoses have included lumbar radiculopathy, degenerative disc disease with spondylosis, borderline central spinal canal stenosis without cord compression, lumbar facet syndrome and myofascial syndrome.

### Requested Services

72100-WP-QU-x-ray exam of lower spine, 73560-WP-QU-x-ray of knee 1- 2, massage therapy-97124-QU-GP, manual therapy technique-97140-QU-GP, hot/cold pack therapy-97010-QU-GP, ROM extremities/trunk-95851-59, muscle test whole body-95833-QU-59, therapeutic exercises-97110-QU-GP, office visits-99211-QU, group therapeutic procedures-97150-QU-GP and mechanical traction-97012-QU-GP from 8/16/04-11/10/04.

### Documents and/or information used by the reviewer to reach a decision:

#### *Documents Submitted by Requestor:*

1. Letter of Medical Necessity – 9/1/05
2. Retrospective Peer Review – 10/28/04
3. MRI Report – 9/2/04
4. Electrophysiological Evaluation – 9/16/04

5. Treatment Order – 9/30/04
6. Ved V. Aggarwal, MD Records – 10/25/04-11/3/04
7. Main Rehabilitation & Diagnostic Center Records – 8/16/04-11/10/04
8. Functional Abilities Evaluation – 8/18/04

*Documents Submitted by Respondent:*

1. Carrier's Position Statement – 9/14/05
2. Retrospective Peer Review Report – 10/28/04
3. Churchill Evaluation Center Letter – 5/11/05

## Decision

The Carrier's denial of authorization for the requested services is partially overturned.

## Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

## Rationale/Basis for Decision

MAXIMUS CHDR's chiropractic consultant indicated the patient has injured three different parts of her body. MAXIMUS CHDR's chiropractic consultant noted that it takes two weeks to properly teach a patient how to perform a home based therapeutic exercise program. MAXIMUS CHDR's chiropractic consultant also noted that beyond two weeks of treatment of this member's condition, there is no documentation to support the need for one-on-one supervision. MAXIMUS CHDR's chiropractic consultant explained that ice packs are important in the beginning phase of care to reduce pain and inflammation and should be allowed the first week of treatment for this patient. MAXIMUS CHDR's chiropractic consultant indicated it is reasonable to pursue active and passive therapy for 6-8 weeks for this patient's type of injury. MAXIMUS CHDR's chiropractic consultant noted that once the patient demonstrated little progress, appropriate referrals were made for an MRI and nerve conduction studies that reported the level of her injury. MAXIMUS CHDR's chiropractic consultant also explained that the patient was then referred for ESI and some follow-up therapy. MAXIMUS CHDR's chiropractic consultant indicated that follow-up therapy up to four additional weeks as long as the patient improves is considered an accepted standard of care. MAXIMUS CHDR's chiropractic consultant also indicated that the member ultimately recovered and returned to work without restrictions as of 11/19/04.

Therefore, the MAXIMUS CHDR's chiropractic consultant concluded that therapeutic exercises-97110-QU-GP from 8/29/04-11/10/04 were not medically necessary treatment for this member's condition. MAXIMUS CHDR's chiropractic consultant also concluded that the therapeutic exercises-97110-QU-GP from 8/24/04-8/27/04 were medically necessary treatment for this member's condition. MAXIMUS CHDR's chiropractic consultant also concluded that all other treatment (72100-WP-QU-x-ray exam of lower spine, 73560-WP-QU-x-ray of knee 1-2, massage therapy-97124-QU-GP, manual therapy technique-97140-QU-GP, hot/cold pack therapy-97010-QU-GP, ROM extremities/trunk-95851-59, muscle test whole body-95833-QU-59, office visits-99211-QU, group therapeutic procedures-97150-QU-GP and mechanical traction-97012-QU-GP) from 8/16/04-11/10/04 were medically necessary for treatment of this member's condition.

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Sincerely,  
**MAXIMUS**

Lisa Gebbie, MS, RN  
State Appeals Department