



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: Richard Stephenson, D.C. 322 North Main Street Bryan, Texas 77803	MDR Tracking No.: M5-06-0045-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Liberty Mutual Fire Insurance Box 28	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: TWCC-60 package, explanations of benefits, CMS 1500s and medical documentation
 POSITION SUMMARY: "The claims were denied due to the treatment being considered unnecessary per peer review and not being appropriately documented. Appropriate documentation was submitted and is submitted with this dispute. The treatment was medically necessary and in accordance with TWCC and Medicare Treatment Guidelines".

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to TWCC-60 and explanations of benefits
 POSITION SUMMARY: None submitted by Respondent

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
03-04-05 to 04-21-05	97018 (\$7.51 X 13 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$97.63
03-23-05	97124	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$26.28
04-20-05	99199	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$59.00
03-04-05 to 04-21-05	99213 and 97530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00

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 disputed medical necessity issues.

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 Medical Dispute Resolution.

On 09-23-05, 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 99080-73 date of service 04-21-05 is listed on the table of disputed services. An EOB from the carrier revealed that payment had been made in the amount of \$15.00 check number 11467520. This service is no longer in dispute.

CPT code 99080-73 dates of service 03-16-05 and 04-01-05 denied with denial code "U (unnecessary medical treatment or service). Per Rule 129.5 the TWCC-73 is a required report and not subject to an IRO review. The Medical Review Division has jurisdiction. Reimbursement is recommended in the amount of **\$30.00 (\$15.00 X 2 DOS)**. A Compliance and Practices referral will be made due to the carrier being in violation of Rule 129.5.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308 and Rules 129.5 and 134.202(c)(1)

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 reimbursement in the amount of \$212.91. In addition, the Division finds that the requestor was not the prevailing party and is not entitled to a refund of the IRO fee. 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:

10-20-05

Authorized Signature

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.

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71
Phone: 512-288-3300

Austin, Texas 78735
FAX: 512-288-3356

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M5-06-0045-01
Name of Patient:	
Name of URA/Payer:	Richard Stephenson, DC
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Richard Stephenson, DC

October 12, 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 the Division of Workers' Compensation 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: Division of Workers' Compensation

CLINICAL HISTORY

Documents Reviewed Included the Following:

1. Notification of IRO Assignment, Table of Disputed Services, Carrier EOBs
2. Initial orthopedic report, dated 12/5/03
3. Follow up orthopedic daily notes, dated 1/8/04, 1/29/04, 2/26/04, 5/3/04, 5/17/04, 6/7/04, 7/12/04 and 9/3/04

4. Lab report (CBC), dated 4/20/04
5. Operative report, dated 4/26/04
6. Pain management and mental health services "outpatient progress notes," multiple dates
7. Intake forms and initial consultation report from plastic/reconstructive surgeon, dated 10/4/04
8. Operative report, dated 11/12/04
9. Plastic/reconstructive surgeon's daily "follow-up" notes and "physical medicine referral" notes, multiple dates
10. Duly executed and approved TWCC-53, dated 12/23/04
11. Doctor of chiropractic initial intake paperwork and report, dated 12/29/04
12. Doctor of chiropractic follow-up notes, multiple dates
13. Carrier review, dated 3/3/05
14. Designated doctor examination, report and TWCC-69, dated 8/17/04 (not at MMI)
15. Second designated doctor examination, dated 2/17/05 (awarded 6% whole-person impairment)
16. Disagreement with Impairment Rating letter from treating doctor, dated 3/4/05
17. Final designated doctor examination, report and TWCC-69, dated 4/22/05 (awarded 3% whole-person impairment)
18. TWCC-73s, multiple dates

Patient is a 28-year-old female who, on ____, caught her right hand and thumb in a box while packing chickens and hyper-extended her right thumb. She felt a pop, followed by immediate onset of pain in her right thumb. An orthopedic surgeon who began a trial of conservative management, and returned her to work on a light-duty status from 10/22/03 through 11/19/03 saw her initially. However, the patient was then terminated from her job on 11/21/03.

Despite the conservative trial of treatment, the patient eventually underwent surgical reconstruction with pinning on 4/26/04, and then the pin was removed a month or so later. She then participated in "extensive" post-operative physical therapy and rehabilitation, but despite the treatment, continued to be symptomatic.

She then sought consultation with a plastic and reconstructive hand surgeon who recommended surgical reconstruction of her right thumb collateral ligament and de Quervain's release that was then performed on 11/12/04. Following that second procedure, the patient participated in three sessions of post-operative physical therapy, but then changed treating doctors to a doctor of chiropractic who assumed her post-operative rehabilitation. The records indicated that the patient has not worked since her injury.

REQUESTED SERVICE(S)

Established patient office visits, level III (99213), therapeutic activities (97530), paraffin baths (97018), massage (97124) and unlisted service ("copy records," 99199) for dates of service 3/4/05 through 4/21/05.

DECISION

The paraffin baths (97018), massages (97124) and unlisted services (99199) are approved.

The level III established patient office visits (99213) and the therapeutic activities (97530) are denied.

RATIONALE/BASIS FOR DECISION

In this case, the patient was receiving post-operative physical therapy and rehabilitation from November 2004 through April 2005. The medical records revealed that the patient was seen by a designated doctor on 2/17/05 who assigned a 6% whole-person impairment; this same designated doctor saw the patient again on 4/22/05 and subsequently assigned only a 3% whole-person impairment. Since the records establish that the patient improved a full 3% whole-person impairment under the care of this treating

doctor through the dates of service in dispute, the paraffin baths (97018), the massages (97124) and the unlisted services (99199) were approved.

However, in terms of the level III established patient office visits, nothing in either the medical records or the diagnosis submitted in this case supported the medical necessity of performing such a high complexity Evaluation and Management service ("extended problem-focused") on each and every encounter, particularly not in the middle of a predetermined treatment plan (per CPT1). Furthermore, nothing in the medical records adequately established that the case was so complex and involved that it was still necessary to perform continued *supervised* therapeutic activities (97530) beyond 3/4/05. Therefore, the medical necessity for this service was not supported.

1 CPT 2004: *Physician's Current Procedural Terminology, Fourth Edition, Revised*. (American Medical Association, Chicago, IL 1999),