



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: Work and Accident Clinic 4924 Greenville Avenue Dallas, Texas 75206	MDR Tracking No.: M5-06-0335-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: American Home Assurance Company, Box 19	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 form, Explanations of Benefits, some medical documentation and CMS 1500's. Position summary (Table of Disputed Services) states, "Medically Necessary."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 response and Explanations of Benefits.

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)
10-20-04 – 1-20-05	CPT code 99213 (\$61.98 X 5 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$309.90
10-20-04 – 1-20-05	CPT codes 97110 and 97112	<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 \$309.90.

Based on review of the disputed issues within the request, the 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 11-7-05 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 10-20-04, 10-21-04, 10-22-04, 10-25-04, 10-26-04, 10-27-04, 11-1-04, 11-2-04, 11-3-04, 11-9-04, 11-12-04, 11-15-04, 11-16-04 and 11-17-04 (2 units each date) was denied by the carrier as "F, 713 -The charge exceeds the scheduled value and/or parameters that would appear reasonable." The carrier made no payment and gave no valid reason for not doing so. Recommend reimbursement per Rule 134.202(c)(1) of \$960.40 (\$68.60 X 14 DOS).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

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. The Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute in the amount of \$1,270.30. 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:

Donna Auby

12-15-05

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.



Specialty Independent Review Organization, Inc.

November 28, 2005

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

Patient: ____
DWC #:
MDR Tracking #: M5-06-0335-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC 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 DWC 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

Ms. ____ was working for Wal-Mart when she was injured in a work related accident. The patient was injured on _____. She was working as an overnight merchandiser when she pulled a box of computer paper off a pallet that was approximately at eye level. The box slipped and hit Ms. ____ on the knee, injuring her knee.

RECORDS REVIEWED

Numerous treatment notes, diagnostic tests, evaluations, and other documentation were reviewed. Records included but were not limited to the following:

- Medical Dispute Resolution paperwork
- Numerous EOB's
- Letters from Danette Morgan
- Letter from Peter Warner DC 4-14-2005
- Records from Dr. Breckenridge
- MRI right knee from Radiology Associates-prior to DOI
- Bone Scan right knee from Radiology Associates-prior to DOI
- MRI right knee Corpus Christi MRI Center
- Multiple TWCC 73's
- Report from Dr. Kennedy
- Records from Work & Accident Clinic

Report from Arkansas Claims Management
Reports from Consillium MD, multiple providers
Reports from AR Claims Management
Concentra Records
Records from Corpus Christi Medical Center
Reports from Phil Bohart
Report from Dr. Beaver
Records from Corpus Christi Surgery Center

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of 99213-office visit, 97110-therapeutic exercises and 97112-neuromuscular reeducation from 10-20-2004 through 1-20-2005.

DECISION

The reviewer disagrees with the previous adverse determination regarding 99213 for all dates of service under review.

The reviewer agrees with the previous adverse determination regarding all 97110 and 97112 for all dates of service under review.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, the Official Disability Guidelines, and Evidence Based Medicine Guidelines. The Medicare guidelines and payment policies were also utilized in the decision making process of this review. In regards to the neuromuscular reeducation that was performed on Ms. ____, the records are very vague but the discernable time component identified is 5 minutes which according to Medicare payment policies does not meet the minimum time standard to bill for the procedure. There is also no specific identifiable neurological insult that would require the need for neuromuscular reeducation. In regards to the therapeutic exercises performed, it is documented that the patient performed on certain dates 30 minutes of treadmill exercise and 30 minutes of bike exercise. These exercises would not need to be performed on a one on one basis. There is also no medical necessity to perform 55 minutes of cardiovascular exercise on a patient who has degenerative changes and arthritis of the knee and has had a surgical recommendation to the knee. There are several comments throughout the documentation noting that the patient has difficulty with standing. It should also be noted that the patient is 59 inches tall and 211 pounds. It would not be clinically appropriate for this person with her condition and diagnosis to be performing 55 minutes of cardiovascular exercises and there would be no need for these exercises to be performed on a one on one basis.

It should also be noted that according to the documentation, Ms ____ states on 915-2004 that she feels that she is not getting any better and that her condition is not improving. There was also a surgical recommendation for arthroscopy to the knee on 105-2004, which Ms. ____ agreed to. Even though surgery was not performed until September of 2005 due to the case being disputed, the therapeutic procedures performed under the dates of service for this review were not clinically necessary to improve the patient's condition. It is understood that the patient was not able to undergo the surgery until the case was resolved but that is an administrative issue and not a clinical necessity issue.

Medicare also states, "Intervention with PM&R modalities and procedures is indicated when an assessment by the physician and/or therapist supports utilization of the intervention; there is documentation of objective physical and functional limitations; and the plan of care incorporates those treatment elements that are expected to result in improvement of these limitations in a reasonable and generally predictable period of time". This means there must be improvement from the treatment rendered or an expectation of improvement. Based on Ms. ____'s condition and the October recommendation of surgery there is no reason to expect that here condition would improve with the treatment administered. The office visits would be necessary for the treating physician to monitor Ms. ____'s care and to plan her treatment protocols and manage her case.

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 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.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). 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. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the via facsimile, U.S. Postal Service or both on this 28th day of November, 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli