



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: Integra Specialty Group, P.A. 517 North Carrier Parkway Suite G Grand Prairie, Texas 75050	MDR Tracking No.: M5-06-0467-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Texas Mutual Insurance Company Box 54	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 dispute package
POSITION SUMMARY: Per the table of disputed services "Properly documented"

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60
POSITION SUMMARY: "Texas Mutual requests that the request for dispute resolution filed by Integra Specialty Group, be conducted under the provisions of the APA set out above".

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
05-12-05 to 07-27-05	99204 (\$174.91 X 1 DOS) = \$174.91	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$2,637.75
	97032 (1 unit @ \$20.20 X 18 DOS) = \$363.60		
	97035 (1 unit @ \$15.59 X 13 DOS) = \$202.67		
	97140 (1 unit @ \$34.13 X 15 DOS) = \$511.95		
	99211 (\$27.86 X 3 DOS) = \$83.58		
	97110 (1 unit @ \$36.14 X 2 DOS) = \$72.28		
	97110 (2 units @ \$72.28 X 3 DOS) = \$216.84		
	97110 (4 units @ \$144.56 X 7 DOS) = \$1,011.92		
05-13-05 to 07-27-05	99213, 97032 (1 unit), 99212 and 97112	<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 **prevailed** on the **majority** of the disputed medical necessity issues.

CPT code 95831 date of service 07-26-05 was found by the IRO reviewer to be medically necessary. Per the 2002 Medical

Fee Guideline code 95831 is a component procedure of code 99212 billed on the date of service. There are no circumstances in which a modifier would be appropriate. The services represented by the code combination will not be paid separately.

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 12-07-05, 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 05-12-05 was denied by the carrier with denial code "248" (TWCC 73 not properly completed or submitted in excess of the filing requirements, reimbursement denied per Rule 129.5). The Requestor did not submit documentation for review, therefore, no determination can be made whether the TWCC-73 was properly completed. No reimbursement recommended.

CPT code 95851 date of service 05-23-05 was denied by the carrier with denial codes "97/435" (payment is included in the allowance for another service/procedure). Per the 2002 Medical Fee Guideline code 95851 is a component procedure of code 99213 billed on the date of service disputed. There are no circumstances in which a modifier would be appropriate. In addition, code 95851 is a component procedure of code 97140 billed on the date of service in dispute. A modifier is allowed in order to differentiate between the services provided. Separate payment for the services billed may be considered justifiable if a modifier is used appropriately, however, the requestor did not bill with a modifier. No reimbursement recommended.

CPT code 97140 date of service 06-20-05 was denied by the carrier with denial codes "B15/434" (payment adjusted because this procedure/service is not paid separately/per CCI edits, the value of this procedure is included in the value of the mutually exclusive procedure). Per the 2002 Medical Fee Guideline code 97140 is considered to be a mutually exclusive procedure of code 97012 billed on the date of service in dispute. A modifier is allowed in order to differentiate between the services provided. Separate payment for the services billed may be considered justifiable if a modifier is used appropriately. The requestor did not bill with a modifier. No reimbursement recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 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 \$2,637.75. 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:

02-06-06

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.



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
Texas IRO # : _____
MDR #: M5-06-0467-01
Social Security #: _____
Treating Provider: Darren Howland, DC
Review: Chart
State: TX
Date Completed: 1/12/06
Date Amended: 1/18/06

Review Data:

- **IRO Position Statement (date unspecified), 3 pages.**
- **Notification of IRO Assignment dated 12/7/05, 1 page.**
- **Receipt of Request dated 12/7/05, 1 page.**
- **Provider List dated 11/22/05, 1 page.**
- **Medical Dispute Resolution Request dated 11/1/05, 2 pages.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Explanation of Benefits dated 7/27/05, 7/26/05, 7/22/05, 7/20/05, 7/18/05, 7/15/05, 7/13/05, 7/8/05, 7/6/05, 7/5/05, 7/1/05, 6/30/05, 6/29/05, 6/20/05, 6/17/05, 6/13/05, 6/10/05, 6/8/05, 6/6/05, 6/2/05, 6/1/05, 5/31/05, 5/27/05, 5/23/05, 5/20/05, 5/12/05, 21 pages.**
- **Disputed Services dated 7/27/05, 7/26/05, 7/22/05, 7/20/05, 7/18/05, 7/15/05, 7/13/05, 7/8/05, 7/6/05, 7/5/05, 7/1/05, 6/30/05, 6/29/05, 6/20/05, 6/17/05, 6/13/05, 6/10/05, 6/8/05, 6/6/05, 6/2/05, 6/1/05, 5/31/05, 5/27/05, 5/23/05, 5/20/05, 5/12/05, 10 pages.**
- **Report of Medical Evaluation dated 6/16/05, 2 pages.**
- **Office Visit dated 7/1/05, 6/24/05, 6/17/05, 5 pages.**
- **Shoulder extension Isometric History (date unspecified), 2 pages.**
- **Left Upper Extremity Electrodiagnostic Study dated 8/19/05, 2 pages.**
- **SOAP Notes dated 8/9/05, 41 pages.**

Reason for Assignment by TDI: Determine the appropriateness of the previously denied request for: 1) Office visits (99211, 99212, 99213, 99204). 2) Ultrasound (97035). 3) Manual therapy technique (97140). 4) Therapeutic exercises (97110). 5) Neuromuscular re-education (97112). 6) Electrical stimulation (97032). 7) Muscle testing, extremity (95831). Dates of service from 5/12/05 through 7/27/05.

Recommendation: Previous denial for:

PARTIAL - REVERSED - (99211) Office visits on 6/8/05, 6/13/05 and 6/15/05.

PARTIAL - UPHELD – (99212) Office visits on 6/10/05, 6/17/05, 6/30/05, 7/5/05, 7/6/05, 7/8/05, 7/11/05, 7/13/05, 7/22/05, 7/26/05 and 7/27/05.

PARTIAL - UPHELD – (99213) Office visits on 5/13/05, 5/16/05, 5/20/05, 5/23/05, 6/1/05, 6/2/05, 6/6/05, 6/20/05, 6/24/05, 6/29/05, 7/1/05, 7/15/05 and 7/18/05.

PARTIAL - REVERSED – (99204) Office visit on 5/12/05.

PARTIAL - REVERSED – (97035) Ultrasound - 5/13/05, 5/16/05, 5/20/05, 5/23/05, 5/27/05, 5/31/05, 6/1/05, 6/2/05, 6/6/05, 6/10/05, 6/13/05, 6/15/05, and 6/24/05.

PARTIAL - REVERSED – (97140) Manual therapy technique for dates of service of 5/13/05, 5/16/05, 6/29/05, 6/30/05, 7/1/05, 7/6/05, 7/8/05, 7/11/05, 7/13/05, 7/15/05, 7/18/05, 7/20/05, 7/22/05, 7/26/05, and 7/27/05.

PARTIAL - REVERSED – (97110) Therapeutic exercises on 6/20/05, 6/29/05, 6/30/05, 7/1/05, 7/6/05, 7/8/05, 7/11/05, 7/13/05, 7/15/05, 7/18/05, 7/20/05 and 7/22/05.

PARTIAL - UPHELD – (97112) Neuromuscular re-education for dates of service on 7/8/05, 7/11/05, 7/13/05, 7/15/05, 7/18/05, 7/20/05, 7/22/05, 7/26/05, and 7/27/05.

PARTIAL - REVERSED – (97032) Electrical stimulation for 1 unit for dates of service on 5/13/05, 5/16/05, 6/20/05, 6/24/05, 6/29/05, 6/30/05, 7/1/05, 7/5/05, 7/6/05, 7/8/05, 7/11/05, 7/13/05, 7/15/05, 7/18/05, 7/20/05, 7/22/05, 7/26/05 and 7/27/05.

PARTIAL - UPHELD – (97032) Electrical stimulation for 1 unit for dates of service on 5/13/05, 5/16/05, 6/20/05, 6/24/05, 6/29/05, 6/30/05, 7/1/05, 7/5/05, 7/6/05, 7/8/05, 7/11/05, 7/13/05, 7/15/05, 7/18/05, 7/20/05, 7/22/05, 7/26/05 and 7/27/05.

PARTIAL - REVERSED – (95831) Muscle testing, extremity, on 7/26/05.

Rationale:

Patient's age:

Gender:

Date of Injury: ____

Mechanism injury: A forty-pound box fell on her left shoulder.

Diagnoses: Pain in joint involving the left shoulder, stiffness of joint and shoulder sprain, adhesive capsulitis, rotator cuff dislocation.

The patient is a left hand dominant female, weighing 205 pounds, whose chief complaint was of left shoulder pain and was treated with medication and physical therapy, and initially did not improve. She had X-rays which revealed moderate degenerative changes in the acromioclavicular joint with some inferior osteophyte formation to a limited extent, and a mild type II acromial morphology, and she had an MRI of the left shoulder performed on 3/28/05, which only revealed mild tendonitis at the anterior margin of the supraspinatus, and minimal subacromial distension consistent with either a recent injection or bursitis. She then began more physical therapy and chiropractic care on 5/12/05. At that time, she reported a 7/10 pain scale for the left shoulder and inability to lift her arm, decreased ranges of motion and tenderness. She denied any posture abnormalities, abnormal muscle swelling, myositis, swelling, wasting or atrophy, migratory pain, muscular weakness, gait disturbance, paresthesias, numbness or any other neurological symptoms. Deep tendon reflexes, coordination and fine motor skills were normal. However, on the examination of 5/12/05, the doctor recorded a sensory deficit at the left shoulder in a C4-7 distribution. The electromyogram/nerve conduction velocity (EMG/NCV) was normal. The data submitted for review corresponding to the period from 5/12/05 through at least 7/27/05 did not document any corroborating sensory deficit. The patient had a designated doctor examination on 6/16/05, by Mitchell A. Shuchman, DC, who determined that she had not yet reached maximum medical improvement. He recommended an orthopedic consultation and to continue chiropractic mobilization and active rehabilitation. On 6/17/05, John Drkulec, M.D., an orthopedic surgeon, performed a sub-acromial corticosteroid injection and, on 6/24/05, he performed an injection into the glenohumeral joint. On 6/24/05, Dr. Drkulec performed an injection into the acromioclavicular joint on 7/1/05. Dr. Drkulec felt that due to the lack of clinical progress in response to the stated injections, she would not be a good surgical candidate. Accordingly, he recommended medications and continued therapy. By 7/27/05, the patient reported 30-70% relief of her pain. An electrodiagnostic study of the left upper extremity, performed on 8/19/05, was interpreted as a normal study. The medical necessity for the disputed treatments corresponding to the dates of service from 5/12/05 to 7/27/05 consist of: **1-a)** 99211 Office visit - The medical necessity for this level of E/M code was established. This level of E/M code, which has no key components required, was appropriate and, therefore, is certified for dates of service of 6/8/05, 6/13/05 and 6/15/05. Reference to ChiroCode Desk Book, 10th edition, p. 17 Section C would support this determination, as well as the TDI/DWC rules and regulations. **1-b)** 99212 Office visit - The data submitted for review provided no documentation that a focused history, focused examination or straightforward decision making had, in fact, been performed on the dates corresponding to 6/10/05, 6/17/05, 6/30/05, 7/5/05, 7/6/05, 7/8/05, 7/11/05, 7/13/05, 7/22/05, 7/26/05 and 7/27/05. Absent such documentation, the charges submitted for such services on these dates cannot be reimbursed. Reference to ChiroCode Desk Book, 10th edition, p. 17 Section C would support this adverse determination. **1-c)** 99213 Office visit - The data submitted for review provided no documentation that an expanded history, expanded examination and low decision making had, in fact, been performed on the dates corresponding to 5/13/05, 5/16/05, 5/20/05, 5/23/05, 6/1/05, 6/2/05, 6/6/05, 6/20/05, 6/24/05, 6/29/05, 7/1/05, 7/15/05 and 7/18/05. Absent such documentation, the charges submitted for such services on these dates cannot be reimbursed. Reference to ChiroCode Desk Book, 10th edition, p. 17 Section C would support this adverse determination. **1-d)** 99204 Office visit - The medical necessity is found for this level of new patient E/M coding and there was documentation that these services, in fact, were performed, on 5/12/05. Reference to ChiroCode Desk Book, 10th edition, p. 17 Section C and the TWCC rules and regulations would support this certification. **2)** 97035 Ultrasound - The medical necessity for these dates of service was found with the provided documentation, for a trial of care within a program of functional restoration, and therefore, is certified for dates of service on 5/13/05, 5/16/05, 5/20/05, 5/23/05, 5/27/05, 5/31/05, 6/1/05, 6/2/05, 6/6/05, 6/10/05, 6/13/05, 6/15/05, and 6/24/05. TDI/DWC rules and regulations would support this certification. **3)** 97140 Manual therapy technique - The medical necessity for a trial of manual therapy consisting of joint mobilization and myofascial release was found with the provided documentation and subsequent documentation of 30-70% overall improvements for dates of service of 5/13/05, 5/16/05,

6/29/05, 6/30/05, 7/1/05, 7/6/05, 7/8/05, 7/11/05, 7/13/05, 7/15/05, 7/18/05, 7/20/05, 7/22/05, 7/26/05 and 7/27/05. TDI/DWC rules and regulations would support this certification. 4) 97110 Therapeutic exercise - The medical necessity was found for this level of care, as recommended by both the Texas Designated Doctor, and the orthopedic specialist, and there was appropriate documentation and documented improvements, and therefore, these services are certified for the following dates: 6/20/05, 6/29/05, 6/30/05, 7/1/05, 7/6/05, 7/8/05, 7/11/05, 7/13/05, 7/15/05, 7/18/05, 7/20/05 and 7/22/05. The TDI/DWC rules and regulations would support this certification. 5) 97112 Neuromuscular re-education - The medical necessity for these dates of service was not found with the provided daily notes of 7/8/05, 7/11/05, 7/13/05, 7/15/05, 7/18/05, 7/20/05, 7/22/05, 7/26/05, and 7/27/05. The patients records indicated that "patient exhibits weakness due to injury rated at a "6," however, there was no "key" provided to document the degree of weakness. This weakness was not graded 0-5, as one would expect, to show isolated muscle strength losses during a normal manual examination. There was no documentation of any proprioceptive deficit, reflex deficit, sensory deficit, motor deficit, compression of peripheral nerves, spinal cord injury, balance deficit, nor deficits of fine motor coordination. Absent such documentation, the medical necessity of neuromuscular re-education cannot be established. Accordingly, the charges submitted for these services cannot be reimbursed. This adverse determination would be supported by the Physical Medicine Guidelines in the Participating Chiropractic Manual for Blue Cross Blue Shield. 6) 97032 Electrical stimulation for 2 units each date. The medical necessity would be found for one unit rather than two units on 5/13/05, 5/16/05, 6/20/05, 6/24/05, 6/29/05, 6/30/05, 7/1/05, 7/5/05, 7/6/05, 7/8/05, 7/11/05, 7/13/05, 7/15/05, 7/18/05, 7/20/05, 7/22/05, 7/26/05, 7/27/05. There was only one body part (left shoulder) indicated on each of these dates, and this would have been appropriate as given with a plan of functional restoration. However, there was no indication of special circumstances which would have required an additional unit (each 15 minutes) of electrical stimulation on the dates in question. Therefore, only one unit on each date is certified and the second unit is non-certified. Reference to the TDI/DWC rules and regulations would support this modification to certify one unit on each date in question. There was no proven medical necessity for the second unit on each date of service in question. 7) 95831 Muscle testing, extremity, for date of service of 7/26/05. The medical necessity for this test was found to determine the improvements with care and to determine the status of the patient regarding a possible return to work. Accordingly, this test on 7/26/05 is certified. Reference for this certification is made to 408.021 of the Texas Labor Code and specific commission rule TWCC 134.1001 (C.)(1)(A)-Entitlement to Medical Benefits.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.

1) 408.021 of the Texas Labor Code and specific commission rule TWCC 134.1001 (C.)(1)(A)-Entitlement to Medical Benefits which states that: "An employee who sustains a compensable injury is entitled to all health care reasonably required by nature of the injury as and when needed. The employee is specifically entitled to health care that: i. Cures or relieves the effects naturally resulting from the compensable injury; ii. Enhances the ability of the employee to return to work or retain employment; iii. Promotes recovery.

2) The ACOEM Guidelines, 2nd Edition, Chapter 9.

3) ChiroCode Desk Book, 10th edition, p. 17 Section C.

4) Physical Medicine Guidelines in the Participating Chiropractic Manual for Blue Cross Blue Shield. (Re: Neuromuscular re-education.) Neuromuscular re-education Code 97112 Neuromuscular re-education may be reasonable and necessary when provided by a covered provider for impairments that affect the body's neuromuscular system such as: · Documented loss of deep tendon reflexes and vibration sense accompanied by paresthesias, burning or diffuse pain of feet, lower legs and or fingers · Documented nerve palsy · Documented muscular weakness or flaccidity as a result of a cerebral dysfunction, nerve injury or disease, or having had a spinal cord disease or trauma · Documented loss of gross and fine motor coordination · Documented balance deficit Documentation requirements: · Objective measurements of strength, range of motion, mobility, balance, and coordination deficits resulting from neuromuscular impairment · Specific exercises performed, purpose of the exercises as related to function · Instruction given and or assistance needed · Response of patient to treatment · Documentation to support the skill and expertise of the covered provider.

Physician Reviewers Specialty: Chiropractic

Physician Reviewers Qualifications: Texas Licensed DC, BSRT, FIAMA Chiropractor and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist 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 the decision before the referral to CompPartners, Inc.

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.