



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.: M5-06-0525-01
Summit Rehabilitation Centers 2420 E Randol Mill Rd. Arlington TX 76011	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:
Ace American Insurance Company, Box 15	

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 package. Position summary states, "Provider sent a request for reconsideration. Proof that carrier received request is also included. Carrier chose not to respond within the 28 day time frame rule."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 response. Position summary states, "Pursuant to Rule 133.308(j), we shall await notification of assignment of this request to a specific Independent Review Organization to review this request."

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)
12-22-04 – 1-22-05	CPT Code 98940	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$32.45
1-7-05 and 1-12-05	CPT codes 99213 (\$65.18 (MAR) X 2 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$130.36
12-22-04 – 8-5-05	CPT codes 97140, 97116, 97110, G0283, 95851, 99354, 98940 (except 12-28-04), 99080-73, 95833, 97022, 97113, 97124, 97012, 96004, 99213 (except 1-7-05 and 1-12-05)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
			\$162.81

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 \$162.81.

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 1-30-05 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 97022 on 12-22-04, 12-23-04, 12-28-04 and 12-30-04 was denied by the carrier as "435-The value of this procedure is include in the value of the comprehensive procedure." CPT code 97022 is considered by Medicare to be a component procedure of CPT code 97113. A modifier is allowed in order to differentiate between the services provided. The services represented by the code combination will not be paid separately." No modifier was used in this instance. Recommend no reimbursement.

CPT code 95851 on 3-10-05 was denied by the carrier as "97-Charge included in another charge or service." CPT code 95851 is considered by Medicare to be a "component procedure of CPT code 99213. There are no circumstances in which a modifier would be appropriate. The services represented by the code combination will not be paid separately." Recommend no reimbursement.

CPT code 97116 on 3-10-05 was denied by the carrier as "97-Charge included in another charge or service." CPT code 97116 is considered by Medicare to be a "component procedure of CPT code 96004. A modifier is allowed in order to differentiate between the services provided." No modifier was used in this instance. Recommend no reimbursement.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308 and Rule 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 IRO fee. The requestor is entitled to reimbursement in the amount of \$162.81. 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

4-19-06

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.

IRO America Inc.

An Independent Review Organization

7626 Parkview Circle

Austin, TX 78731

Phone: 512-346-5040

Fax: 512-692-2924

January 13, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TDI-DWC #:

MDR Tracking #:

IRO #:

M5-06-0525-01

5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America has performed an independent review of the proposed care 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed Provider, board certified and specialized in Chiropractic Care. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including: explanation of benefits, explanation of reviews, daily notes from treating doctor, notes from Stone Loughlin & Swanson LLP, DD Exam from Todd Daniels MD, notes and ESI notes from George Farhat MD, Impairment Rating from Jack Mikeworth DC, Lumbar MRI, notes from Shawn Henry DO, notes from John Sazy MD.

CLINICAL HISTORY

This is a 30 year old male who suffered an on the job injury on 10/26/2004. The Patient was employed by _____ when the Patient had a twisting injury from slipping while The Patient was carrying some bags of ice. The Patient did not fall but strained his back and stated that it was constant pain.

DISPUTED SERVICE(S)

Under dispute is the retrospective medical necessity of manual therapy technique-97140, chiropractic manipulative treatment-98940, gait training-97116, therapeutic exercises-97110, office visits-99213, electric stimulation-G0283, ROM measurements-95851, prolonged physical services-99345, special report-99080-73, muscle test whole body-95833, whirlpool-97022, aquatic therapy-97113, massage therapy-97124, mechanical traction-97012 and physician review and interpretation of comprehensive computer based motion analysis, etc with written report-96004 for dates of service 12/22/04 through 8/05/05.

DETERMINATION/DECISION

The Reviewer partially agrees with the determination of the insurance company. The Reviewer agrees with the insurance carrier on the following: manual therapy technique-97140, chiropractic manipulative therapy-98940 from 1/22/05 through 8/05/05, gait training-97116, office visit-99213 except for two evaluations listed in disagreements, therapeutic exercise-97110, electric stimulation-G0283, ROM measurements-95851, Prolonged physical service-99345, special report-99080-73, muscle test whole body-95833, whirlpool-97022, aquatic therapy-97113, massage therapy-97124, mechanical traction-97012 and physician review and interpretation of comprehensive computer based motion analysis, etc with written report-96004; The Reviewer disagrees with insurance carrier on the following: chiropractic manipulative therapy-98940 from 12/22/04 through 1/22/05, two office visit-99213 codes during this time frame.

RATIONALE/BASIS FOR THE DECISION

Based on the history of the injury and the diagnosis codes given by the treating doctor, it appears there was gross over utilization and a lot of unreasonable and medically unnecessary treatment given for a simple injury. The initial diagnosis code 722.10 was ruled out after the MRI but never updated. Basically, the diagnosis consisted of a low back sprain, strain, and muscle spasm. The overuse of treatment and inefficient use of modalities only lead to the deleterious onset of a chronic condition and doctor dependency. This was a simple low back injury with a reasonable outcome. There is no reason for passive modalities past 2-4 weeks of the injury nor in this case was there any reason for the whirlpool or aquatic exercises even if the doctor has the equipment in his office. This should be used for the injuries that require this type of treatment. Muscle testing and ROM is covered on the exam and that is the extent of the testing required for this type of injury. Manual therapy techniques and therapeutic exercises are redundant from any CMT and home exercise program that the patient should have been given. Also, the therapeutic exercises should have been given to the patient initially instead of the passive modalities. Gait training is ridiculous to have to comment on but this and massage therapy is not reasonable or necessary for this type of injury. None of the treatment given during the disputed time of 12/22/04 through 8/5/05, follows the treatment outlined for this type of injury in the *Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters* except for the CMT and office visits necessary to monitor the progress of the patient and eventually release them from active care.

Screening Criteria

1. Specific:

Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by facsimile, a copy of this finding to the DWC.

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer

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.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to DWC via facsimile, on this 13th day of January, 2005.

Name and Signature of IRO America Representative:

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer