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

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestor=s Name and Address: William Dodge, M.D. 7125 Marvin D. Love #107 Dallas, TX 75237	MDR Tracking No.: M5-06-0588-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: Dallas ISD, Box 42	Date of Injury: Employer's Name: Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 package. Position Summary states, "Our documentation shows the medical necessity for continued office visits."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

No response received.

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)
6-11-05	CPT codes 99213 and 99080-73	☐ Yes ☒ 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 disputed medical necessity issues.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

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 additional reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

		3-2-06
Authorized Signature	Typed Name	Date of Findings and Decision

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

February 15, 2006

TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868

Patient: ll
TDI-DWC #:
MDR Tracking #: M5-06-0588-01
IRO #: 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 MD, board certified and specialized in Orthopedic Surgery. 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:

- Office notes of an unknown physician 01/15/00, 01/18/00, 01/19/00, 01/22/01, 02/05/03
- Letter by Dr. Graham 06/28/00
- Neurologic examination 07/3.1/00
- Impairment rating 08/12/00
- Evaluation 02/21/01
- Evaluation of Dr. Kern 04/13/01
- Office notes of Dr. Berg 01/03/02, 12/04/02, 12/04/05, 02/05/03, 04/09/03
- Concentra vocational assessment 11/19/03
- RME 02/10/05
- Evaluation by Dr. Leong 03/29/05
- EOB 06/11/05
- RME with Dr. Kirkwood 07/25/05, 08/12/05
- RME letter of clarification 08/26/05

CLINICAL HISTORY

The Patient is a 59-year old school teacher with a past medical history of insulin dependent diabetes mellitus and severe peripheral neuropathy of the upper and lower extremities. On 01/__/00 The Patient experienced a trip and fall injury at school and was diagnosed with an acute lumbosacral strain and a cervical strain. The medical records documented that conservative treatment of physiotherapy was provided. An independent medical examination on 06/28/00 determined that The Patient had reached maximum medical improvement as a result of the injuries sustained on 01/07/00 and was capable of returning to work on a full time basis but was restricted in his ability to lift as a result of his diabetic neuropathy. A neurological examination dated 07/31/00 documented evidence of a herniated disc at L5-S1 and Zanaflex, Elavil and Motrin were prescribed. On 08/12/00 The Patient was assigned a 53 percent impairment rating.

Medical records dated 01/22/01 through 11/19/03 documented continued treatment for cervical and lumbar pain. It was also documented that The Patient was unable to return to work.

On 02/10/05 a required medical examination took place and determined that The Patient's impairment rating was related to his pre-existing medical condition and that he would be capable of returning to sedentary work. A peer review dated 03/29/05 documented that the effects of the compensable injury had resolved and that The Patient would be capable of working based upon the resolution of the work injury.

The records then lapse until 07/25/05 at which time The Patient underwent a required medical examination performed by Dr. Kirkwood. On 08/12/05 and 08/26/05 Dr. Kirkwood submitted two addendums to his original report. The Explanation of Benefits in dispute was dated 06/11/05 for 99213 and 99080-73.

DISPUTED SERVICE(S)

Under dispute is the retrospective medical necessity of Office visit 99213 and work status report 99080-73 on 06/11/05.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The Reviewer agrees with the insurance company denial for the office visit 99213 and work status report 99080-73 dated 06/11/05. Code 99213 refers to an office visit for an established patient and it indicates a high level visit. Code 99080 pertains to completion of a special report. The modifier 73 pertains to discontinuation of a surgical procedure prior to induction of anesthesia because the patient declines to have the surgery. There are no office notes, documentation or special report dated 06/11/05 to support the codes. Therefore, codes 99213 and 99080-73 are not recommended as medically necessary.

Screening Criteria

1. Specific:

- CPT Coding Book 2006

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 15th day of February, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer