



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:	MDR Tracking No.: M5-06-0610-01
Carl M. Naehritz III, D. C. 2900 Hwy 121, Suite 120 Bedford, TX 76021	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
Ace American Insurance Company, Box 15	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, "I respectfully request the Board to consider all these facts in regards to the medical necessity of treatment for the injured worker and legitimate charges along with penalty, and interest payment due for this unreasonable delay in payments and EOB's of this claim."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 response. Position summary states, "Based on peer review."

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)
11-17-04 – 12-3-04	CPT code 99213 (\$58.66 X 5 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$293.30
11-29-04	CPT code 99080	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$45.50
11-17-04 – 4-20-05	CPT codes 99213 (except as listed above), 99215, 97035, 97140, 97112, 97110, E1399, 99358-22, 95831, 95851, 97012, 97530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
1-17-05	CPT code 99080	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
			\$338.80

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.

In accordance with Rule 133.308 (e) dates of service 10-18-04 – 11-12-04 were not filed timely and will not be a part of this review.

Date of service 3-2-05 was withdrawn by the requestor and will not be a part of this review.

The requestor billed CPT code 99213 with a "59" modifier. The requestor billed CPT code 99358 with a "22" modifier. The requestor will be billed for inappropriate use of modifiers per Rules 134.202(b) and 134.202(e)(9).

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 \$338.80.

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 \$338.80. 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

3-20-06

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.

Amended Report of 1/31/06

January 11, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M5-06-0610-01
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

According to the records received and reviewed, Ms. ____ was injured in a work related motor vehicle accident on _____. The patient was working for LabCorp Company as a courier. Ms. ____ was the driver of a motor vehicle that was struck from behind by another vehicle. Her vehicle was then pushed into the vehicle in front of her.

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
- Multiple TWCC forms
- Position Letter from Lynell Straughter
- Change of Treating Doctor Form
- Records from Dr. Naehritz
- Work Status Reports
- Impairment Rating by Dr. Ochoa—MMI/IR 7% on 12-1-2004
- Peer Review by Dr. Kletzel

Cervical MRI by Tarrant Medical Imaging
Reports from Neuro-Diagnostic Plus Incorporated
Records from Dr. Banta
Reports from Dr. Van Hal

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of Office Visits 99213/99215, Ultrasound 97035, Manual Therapy 97140, Neuromuscular Re-education 97112, Therapeutic Exercises 97110, DME E1399, Prolonged Evaluation/Management 99358-22, Muscle Testing Extremity 95831, Range of Motion 95851, Mechanical Traction 97012, 99080 Special Report and Therapeutic Activities 97530 from 11/17/2004 through 4/20/2005.

DECISION

The reviewer disagrees with the previous adverse determination regarding office visits 99213 from 11-17-2004 through and including 12-3-2004 and 99080 for 11-29-2004.

The reviewer agrees with the previous adverse determination regarding all other services.

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. The records were difficult to decipher and it is difficult to understand if there is a clear treatment plan for Ms. _____. The patient exceeds the normative time frames for injuries of her nature. The care under review is almost one year after the date of injury and there is no clinical justification provided by the treating doctor as to why the patient would need care for such an ongoing period of time or why the care rendered would have a positive outcome on the patient. This is not to say that the patient does not need additional care, but just that the care being reviewed would not be clinically necessary. The office visits would be necessary to follow the patient's care and to make the appropriate referrals up until the point of MMI established by the designated doctor in December of 2004. The special report on 11-29-2004 was the review of an outside referral by the treating doctor, which would be necessary to manage the patient's 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 Division via facsimile, U.S. Postal Service or both on this 1st day of February 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli