



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### Retrospective Medical Necessity

#### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address:  Summit Rehabilitation Centers 2500 W. Freeway #200 P.O. Box 380395 Ft. Worth, TX 76102	MDR Tracking No.: M5-06-0647-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:  Travelers Indemnity Company, Box 05	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, "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, "We are sustaining the denials based on the DD's findings who determined that there is no indication for further operative or non-operative treatment."

#### 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)
2-7-05 – 3-22-05	CPT code 99204 = \$177.26 99213 (\$68.31 X 16 DOS) = \$1,092.96 99080-73 = \$15.00 95831 = 0 95832 = 0 95851 = 0 95852 = 0 96004 (\$155.25 X 3 DOS) = \$465.75 97110 (\$36.14 X 62 units) = \$2,240.68 97140 (\$34.16 X 9 DOS) = \$307.44 G0283 (\$14.65 X 16 DOS) = \$234.40 99372 = \$19.01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$4,552.50
3-23-05 – 7-13-05	CPT codes 99204, 99213, 99080-73, 95831, 95832, 95851, 95852, 96004, 97110, 97140, G0283, 99372	<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.

Per the 2002 MFG several CPT codes which were billed by the Requestor are considered by Medicare to be a component procedure of other CPT codes. No modifiers were used to differentiate between the services provided. The services represented by the code combination will not be paid separately. The following codes will not be paid separately:

- CPT code 95831 is a component procedure of CPT code 99213
- CPT code 95851 is a component procedure of CPT codes 95831 and 99213
- CPT code 95852 is a component procedure of CPT codes 99213 and 97140
- CPT code 97140 is a component procedure of CPT code 95831
- CPT code 95832 is a component procedure of CPT code 99213

The Division has reviewed the enclosed IRO decision and determined that the requestor did prevail on the majority of the disputed medical necessity issues. The amount due the requestor for the items denied for medical necessity is \$4,552.50.

**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 carrier must refund the amount of the IRO fee (\$460.00) to the requestor within 30 days of receipt of this order. The Division has determined that the requestor is entitled to additional reimbursement in the amount of \$4,552.50. 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

1-25-06

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.**

January 23, 2006

Texas Department of Insurance Division of Texas Worker's Compensation  
MS48  
7551 Metro Center Drive, Suite 100  
Austin, Texas 78744-1609

### NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M5-06-0647-01**  
**DWC #:**  
**Injured Employee: \_\_\_\_**  
**Requestor: Summit Rehabilitation Centers**  
**Respondent: Travelers Indemnity Co.**  
**MAXIMUS Case #: TW05-0246**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308 that allows for a dispute resolution by an IRO.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel that is familiar with the condition and treatment options at issue in this appeal. This case was also reviewed by a practicing chiropractor on the MAXIMUS external review panel that is familiar with the condition and treatment options at issue in this appeal. This physician is board certified in neurosurgery. The reviewers have met the requirements for the approved doctor list (ADL) of DWC or have been approved as an exception to the ADL requirement. A certification was signed that the reviewing providers have 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, was signed. In addition, the MAXIMUS physician reviewers certified that the review was performed without bias for or against any party in this case.

#### Clinical History

This case concerns an adult female who sustained a work related injury on \_\_\_\_\_. The patient reported that while pulling an extremely heavy pallet, she felt pain on the lateral aspect of the right elbow. She also reported that as time went on the pain got worse. Diagnoses included tennis elbow, epicondylitis, right cubital tunnel syndrome, C4 and C8 radiculopathy and reflex sympathy dystrophy. Evaluation and treatment have included surgery, chiropractic services, injections, nerve conduction velocity and electromyography studies and medication.

#### Requested Services

Medical necessity of the office visits 99204, 99213; work status report 99080-73; manual muscle testing-extremity 95831; manual muscle testing-hand 95832; range of motion measurement-each extremity 95851; range of motion measurement-hand 95852; physician review and interpretation of comprehensive computer based motion analysis w/ report 96004; therapeutic exercises 97110; manual therapy techniques 97140; electrical stimulation G0283; telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals 99372 from 2/7/05-5/12/05.

**Documents and/or information used by the reviewer to reach a decision:**

*Documents Submitted by Requestor:*

1. Doctor's Position Statement – 12/30/05
2. Operative Reports – 6/2/03, 1/23/04, 8/3/04
3. Orthopedic Records – 10/16/03
4. Chiropractic Records – 2/9/05-10/10/05
5. Robert D. Wilcox, MD Records – 3/11/04-5/26/05
6. Diagnostic Studies (e.g., EMG/NCV) – 3/31/04, 4/2/04, 12/29/04
7. Fernando Mallou, MD Records – 10/28/04-2/21/05
8. Designated Doctor Examination – 1/17/05, 5/24/05
9. Andrew B. Small, III, MD Records – 2/10/05-3/22/05
10. RHD Memorial Medical Center Records – 2/21/05, 2/28/05, 3/16/05

*Documents Submitted by Respondent:*

1. None submitted.

Decision

The Carrier's denial of authorization for the requested services is partially overturned.

Standard of Review

**This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.**

Rationale/Basis for Decision

The MAXIMUS chiropractor consultant indicated that there were several doctors who evaluated the patient and did not agree on findings and outcomes. The MAXIMUS chiropractor consultant noted that when this patient began treatment on 2/7/05, she should have been afforded a 6-week trial period of care to see if progress could be made. The MAXIMUS chiropractor consultant also noted that if no significant improvement was seen, then the care is no longer considered medically necessary. The MAXIMUS chiropractor consultant explained that this patient had numerous complications from the original injury and surgeries did not help her condition. The MAXIMUS chiropractor consultant indicated that more surgery would not likely improve her condition. The MAXIMUS chiropractor consultant also indicated that pain medication gave her about 20% improvement in her pain and range of motion. The MAXIMUS chiropractor consultant noted that after 6 weeks of passive and active therapy, there was no further documented improvement. The MAXIMUS chiropractor consultant explained that because the patient had already been through previous therapy with another chiropractor, a total of 6 weeks of care from the initiation of care would be the standard of care for treatment of this patient's condition. (Mercy Guidelines, Haldeman, Chapmen, Smith, Peterson Jr, 1993)

Therefore, the MAXIMUS physician reviewer concluded that the office visits 99204, 99213; work status report 99080-73; manual muscle testing-extremity 95831; manual muscle testing-hand 95832; range of motion measurement-each extremity 95851; range of motion measurement-hand 95852; physician review and interpretation of comprehensive computer based motion analysis w/ report 96004; therapeutic exercises 97110; manual therapy techniques 97140; electrical stimulation G0283; telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals 99372 from 2/7/05-3/22/05 were medically necessary to treat this patient's condition. The MAXIMUS physician reviewer also concluded that office visits 99204, 99213; work status report 99080-73; manual muscle testing-extremity 95831; manual muscle testing-hand 95832; range of motion measurement-each extremity 95851; range of motion measurement-hand 95852; physician review and interpretation of comprehensive computer based motion analysis w/ report 96004; therapeutic exercises 97110; manual therapy techniques 97140;

electrical stimulation G0283; telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals 99372 from 3/23/05- 7/13/05 were not medically necessary.

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.

Sincerely,  
**MAXIMUS**

Lisa Gebbie, MS, RN  
State Appeals Department