



**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

<b>Type of Requestor:</b> (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address:	MDR Tracking No.: M5-06-0755-01
Integra Specialty Group, P. A. 517 North Carrier Parkway, Suite G Grand Prairie, TX 75050	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:
Travelers Indemnity Company, Box 5	

#### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 package. Position summary states, "The carrier failed to provide any request for reconsideration response EOB's for the outstanding dates of service."

#### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 response. Position summary states, "The denials are not medically necessary based on RME."

#### 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)
12-23-04 – 2-15-04	CPT code 95851 (See note below)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0
12-23-04 – 2-15-04	CPT code 95831 (See note below)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0
12-23-04 – 2-15-05	CPT code 96004 (\$152.70 X 2 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$305.40
12-23-04 – 2-15-05	CPT code 97032 (\$20.20 X 20 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$404.00
12-23-04 – 2-15-05	CPT code 97035 (\$15.84 X 10 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$158.40
12-23-04 – 2-15-05	CPT code 97140 (\$34.13 X 10 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$341.30
12-23-04 – 2-15-05	CPT code 99213 (\$68.24 X 10 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$682.40
12-23-04 – 2-15-05	CPT code 99080-73 (\$15.00 X 2 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$30.00
12-23-04 – 2-15-05	CPT code 97012 (\$19.21 X 6 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$115.26
12-23-04 – 2-15-05	CPT code 97110 (\$36.99 X 3 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$110.97
	Total		\$2,147.73

#### 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 prevail on the disputed medical necessity issues. The amount due the requestor for the items denied for medical necessity is \$2147.73

The requestor sent a revised Table of Disputed Services on 1-31-06. This Table will be used for this review.

Note: CPT codes 95851, 95831 and 95833 were found by the IRO reviewer to be medically necessary. However, they are considered by Medicare to be component procedures 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.

**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 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 reimbursement in the amount of \$2,147.73. 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

2-10-06

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.**

February 7, 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 #: M5-06-0755-01**  
**DWC #:**  
**Injured Employee: \_\_\_\_**  
**Requestor: Integra Specialty Group, PA**  
**Respondent: Travelers Indemnity c/o Law Offices of Patrick Groves**  
**MAXIMUS Case #: TW05-0254**

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 who is familiar with the condition and treatment options at issue in this appeal. This case was also reviewed by a practicing physician on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. 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 chiropractic 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, was signed. In addition, the MAXIMUS chiropractic reviewer certified that the review was performed without bias for or against any party in this case.

#### Clinical History

This case concerns an adult male who sustained a work related injury on \_\_\_\_\_. The patient reported that he was performing lifting at work and while carrying some objects on his right shoulder he noticed right and left shoulder pain, upper and lower back pain and posterior neck pain. Diagnoses included bilateral shoulder pain syndrome, lumbar pain syndrome, lumbago and bursitis. Evaluation and treatment have included chiropractic treatment, injections and medications.

#### Requested Services

Range of motion measurement-each extremity (95851); physician review and interpretation of comprehensive computer based motion analysis w/ report (96004); mechanical traction (97012); electrical stimulation, manual (97032); ultrasound (97035); manual therapy techniques (97140); office visits (99213/99214); manual muscle testing – extremity (95831); muscle testing, manual (separate procedure) with report/total evaluation of body (95833); work status report (99080-73); and therapeutic exercises (97110) from 12/23/04-2/15/05.

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

*Documents Submitted by Requestor:*

1. Integra Specialty Group, PA Records – 12/23/04-1/30/06
2. Determination Letter – 11/24/04
3. Armani Medical Group Records – 1/11/05
4. Isometric History Report – 12/28/04-3/22/05
5. Designated Doctor Evaluation – 2/18/05

*Documents Submitted by Respondent:*

1. Letter of denial – 12/22/05
2. Evaluation Report – 2/23/04, 3/18/05
3. Integra Specialty Group, PA Records – 12/21/04-11/10/05

Decision

The Carrier's denial of authorization for the requested services is 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 given the chronic nature of his low back pain and the length of time before he was able to obtain treatment, the treatment provided to the patient from 12/23/04-2/15/05 was medically necessary. The MAXIMUS chiropractor consultant noted that this patient responded to the treatment modalities provided for his condition. (Cochran Library, 2006)

Therefore, the MAXIMUS physician reviewer concluded that the range of motion measurement-each extremity (95851); physician review and interpretation of comprehensive computer based motion analysis w/ report (96004); mechanical traction (97012); electrical stimulation, manual (97032); ultrasound (97035); manual therapy techniques (97140); office visits (99213/99214); manual muscle testing – extremity (95831); muscle testing, manual (separate procedure) with report/total evaluation of body (95833); work status report (99080-73); and therapeutic exercises (97110) from 12/23/04-2/15/05 were medically necessary to treat this patient's condition.

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Sincerely,  
**MAXIMUS**

Lisa Gebbie, MS, RN  
State Appeals Department