



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.: M5-06-0832-01
Dr. Michael Setliff 2357 E. Saunders Laredo, TX 78043	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
Liberty Mutual Fire Insurance Company, Box 28	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, "Documentation exists supporting that office visits and the four modalities were performed but not paid for."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 response. Position summary states, "Charges denied per 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)
4-29-05 and 5-23-05	CPT code 99213 (\$48.00, less than MAR, X 2 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$96.00
4-27-05 – 5-23-05	CPT codes 99213 (except for 4-29-05 and 5-23-05), 97112, 97140, 99204, 99215	<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.

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 \$96.00.

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 additional reimbursement in the amount of \$96.00. 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

2-23-06

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.

MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

February 15, 2006

Dee Torres
Texas Department of Insurance
Medical Dispute Resolution
HMO Compliance/URA/IRO
Fax: (512) 804-4871

Re: Medical Dispute Resolution
MDR #: M5-06-0832-01
Claim #: _____
Injured Employee: _____
DOI: _____
SS#: _____
IRO Certificate No: IRO5317

Dear Ms. Torres:

Matutech, Inc. has performed an Independent review of the medical records of the above-named case to determine medical necessity. In performing this review, Matutech reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

Matutech certifies that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him the provider, 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 Independent Review Organization.

Information and medical records pertinent to this medical dispute were obtained from Crown Chiropractic. The Independent review was performed by a matched peer with the treating health care provider. This case was reviewed by the physician who is licensed in chiropractic, and is currently on the TWCC Approved Doctor list.

Sincerely,



John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by Michael Setliff, D.C.:

Office notes (04/22/05-06/13/05)
Chiropractic therapy notes (04/27/05-05/23/05)

Information provided by Liberty Mutual Fire Insurance:

Not available

Clinical History:

This patient is a 43-year-old female who was injured on ____, while lifting some boxes. Per the first available record, on April 22, 2005, David Cruz, M.D., referred her to Dr. Setliff for an evaluation and treatment of lower back pain. Dr. Setliff diagnosed lumbar sprain/strain and closed dislocation of the thoracic and lumbar vertebrae. From April through May, the patient attended nine sessions of chiropractic care with Dr. Setliff consisting of joint mobilization, myofascial release, neuromuscular re-education, and manual traction. Dr. Cruz noted improvement in her condition and advised her to return to full duty. He placed her at maximum medical improvement as of June 13, 2005. It was noted that the patient was taking Motrin.

In a letter to the IRO Company dated January 23, 2006, Dr. Setliff indicated that the patient continued to have significant pain since her injury which she rated from 0/10 to 7/10 during the course of her therapy.

Disputed Services:

Neuromuscular re-education (97112), manual therapy technique (97140), and office visit (99204, 99213, and 99215).

Explanation of Findings:

It appears that the injured employee was referred appropriately by the treating doctor to Dr. Setliff. Complaints of pain were reduced from moderate levels to none. The SOAP notations provided do NOT adequately document the treatment billed for and represented with CMS claim forms for dates of service from 04/27/2005 through 05/23/2005. The CMS claim forms indicate that manual therapy (97140) was provided on every date of service in 2 to 3 units. There was no documentation in the SOAP notations of the manual therapy provided. Neuromuscular re-education (97112) was provided on every date of service for 1 unit (15 minutes). There was no documentation provided adequately defining the neuromuscular re-education.

The provider billed for CPT 99204 – comprehensive physical examination – that was not supported with appropriate documentation. There was no time documented for the duration of the examination. The complaint was for the lumbar spine only and the examination was limited to the lumbar spine. There was no remarkable history obtained (past medical history, work history, social history, etc.). There was no review of systems required that would support billing at that level of service. CPT 99203 would have been more reasonable. Likewise, the documentation did not support the billing at the level of CPT 99215 on the following day. CPT 99213 would be reasonable on date of service and 05/23/2005 as a final examination.

Conclusion/Decision To Uphold, Overturn or Partially Uphold/Overturn Utilization Review Agent's denial:

The documentation supports the charges for CPT 99213 on 04/29/2005 as a reasonable level of service with consideration that the CPT 99204 and CPT 99215 were not supported and for a final examination on 05/23/2005. All other CPT codes were not supported with adequate documentation of the services provided.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

The criteria used in this case were the SOAP notations and all applicable documentation from the provider submitted for review. According to Federal guidelines, the ACA coding guidance, the Chiro Code Desk Book, and other coding guidelines utilized by the chiropractic profession, the appropriate method of coding when spinal manipulation takes place is the use of the chiropractic manipulative therapy (CMT) codes (9894x). The CMT bundles the manipulation and the usual pre and post service work associated with the procedure. This indicates that the examination associated with the manipulation service is included with the CMT code. The uses of E/M codes (992xx) are reserved for a separate and distinct examination only if the patient's condition requires a significant, separately identifiable service. In usual practice, this means that the use of the E/M codes is appropriate for an initial examination, periodic re-examinations, and when the patient presents with a new condition or exacerbation requiring a separate examination over and above the usual pre and post service work involved with the CMT code. With regards to the other CPT coded services provided, there was NOT adequate documentation from the provider to support the provided service as medically necessary. Simply because the claimant got better, does not dismiss the need for adequate documentation of the services provided.

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners. The reviewer has been in active practice for 22 years.

Matutech is forwarding this decision by mail and in the case of time sensitive matters by facsimile. A copy of this finding to the provider of records, payer and/or URA, patient and the Texas Department of Insurance.

Matutech retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by Matutech clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the Utilization Review Accreditation Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by Matutech represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to Matutech for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Matutech assumes no liability for the opinions of its contracted physicians and/or clinician advisors the health plan, organization or other party authorizing this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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.