



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	
Requestors Name and Address: William Dodge, M.D. 7125 Marvin D. Love #107 Dallas, TX 75237	MDR Tracking No.: M5-06-1000-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: Deep East TX Self Insurance, Box 01	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, "We are requesting that our dispute be sent to IRO to review all our documentation that supports medical necessity of services rendered."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 response. Position Summary states, "Not documented nor medically necessary."

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)
10-14-05 – 10-18-05	CPT codes 97750-FC and 99214	<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 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:

Donna Auby

4-5-06

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.

March 31, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ____

EMPLOYEE: ____

POLICY: M5-06-1000-01

CLIENT TRACKING NUMBER: M5-06-1000-01/5278

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIoA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing 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.

Records Received:

Records Received from the State:

- Notification of IRO Assignment, dated 03/01/06 – 1 page
- Texas Department of Insurance Form, dated 03/01/06 – 6 pages
- Explanation of Benefits, dated 10/14/05-10/18/05 – 2 pages
- Order for Payment of Independent Review Organization Fee, dated 03/15/06 – 1 page

Records Received from the Provider:

- Reduction Request, dated 03/23/06 – 1 page
- Workers Compensation Initial Report, dated 03/13/06 – 3 pages
- Physician Record, dated 01/13/05-10/18/05 – 38 pages
- Functional Capacity Evaluation, dated 10/14/05 – 5 pages
- MRI of the Cervical Spine Report, dated 02/18/03 – 3 pages
- Texas Imaging and Diagnostic Center Scheduling, dated 12/16/04 – 1 page
- Medical History, dated 12/07/04 – 4 pages
- Deep East Texas Self Insurance Fund's Response to MDR M5-06-1000-01, dated 02/14/06 – 7 pages
- DWC-69 Report of Medical Evaluation, dated 01/28/04 – 1 page
- Letter from Dr. Berg, dated 01/28/04 – 2 pages
- Upper Extremity Impairment Evaluation Record, Part 2, dated 01/28/04 – 10 pages
- Physician Record, dated 10/18/05 – 2 pages
- Functional Capacity Evaluation, dated 10/14/05 – 16 pages
- Physician Record, dated 08/29/05-11/18/05 – 8 pages

Summary of Treatment/Case History:

This case involves a patient that had a work injury back on ____ when lifting 50 pound cartons of paper. The pain was in the neck, upper back, and left shoulder. She eventually had surgery on the left shoulder. The 1/28/04 letter from Dr. Berg states the patient returned to full duty without restrictions and her final whole person impairment from her ____ work injury was 7%. The 5/5/05 note by Anne Small, FNP, showed the patient was still at full duty. Full duty was also noted on the 7/27/05 visit with Dr. Padron. By the 8/29/05 visit, the note states the patient had retired. A Functional Capacity Evaluation was performed on 10/14/05 and in the body of this note it states: "She does not have any vocational plan to reintegrate herself back into the workforce."

Questions for Review:

DOS 10/14/05 and 10/18/05:

1. Please review disputed services for medical necessity: Functional capacity exam (#97550-FC) and office visit (#99214).

Explanation of Findings:

Question 1: Please review disputed services for medical necessity: Functional capacity exam (#97550-FC) and office visit (#99214).

The Functional Capacity exam (FCE) was not medically necessary.

The role of the FCE is to establish the ability of the patient to return to work. This is discussed on page 137-138 of the ACOEM Guidelines. This FCE clearly states that this patient has no plans to return to the workforce and thus this evaluation serves no purpose. Her chronic pain can be dealt with without this FCE. The patient retired from her job.

As for the #99214 level of care billed on 10/18/05, the documentation does not give enough information to bill for the #99214. There is an update of 2 chronic conditions with enough details in the blocks labeled "quality and severity", "associated symptoms", "exacerbated by" and "relieved by".

The exam does not qualify for a #99214, but only 2 out of three elements of history, exam, and medical decision making, as noted in the Family Practice Management's Level 4 Reference Card. Therefore, code #99213 would have been more appropriate.

Conclusion/Decision to Certify:

The office visit (#99214) should have been billed as #99213 for the follow up of the ongoing medical problems.

Conclusion/Decision to Not Certify:

The FCE (#97550-FC) was not medically necessary. The office visit #99214 was not billed correctly for the follow up of the ongoing medical problems.

References Used in Support of Decision:

ACOEM Guidelines Chapter 7, pages 137-138

American Academy of Family Physician: A Quick-Reference Card for Identifying Level-4 Visits

The author's tool will help you keep in mind what qualifies a visit for a 99214 or a 99204.

James M. Giovino, MD

The physician who provided this review is certified by the American College of Osteopathic Family Physicians. This reviewer is a member of the American Osteopathic Association. This reviewer has been in active practice since 1990.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

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

The written opinions provided by MRIOA 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 MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America 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 agrees to hold MRIOA harmless for any and all claims which may arise as a result of 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.

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Case Analyst: Stacie S ext 577/Jamie C ext 583