



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: Southeast Health Services P. O. Box 453062 Garland, Texas 75045 | MDR Tracking No.: M5-06-1688-01 |
| | Claim No.: |
| | Injured Employee's Name: |
| Respondent's Name and Address: Liberty Insurance Corp, Box 28 | Date of Injury: |
| | Employer's Name: |
| | Insurance Carrier's No.: |

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position summary states, "I am resubmitting claims on which you have denied the established office visit code as not allowed as "global" or "unnecessary" to physical medicine codes...Per Medicare's CCI edits...99211 is not considered exclusive to any other code...Please see attached EOB from Medicare that shows that Medicare pays for this code when billed with P.T. codes."

Principle Documentation:

1. DWC-60/Table of Disputed Service
2. CMS-1500's
3. EOB's

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position summary states, "Respondent submitted no Position Summary."

Principle Documentation:

1. DWC-60/Table of Disputed Services
2. EOB's

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) |
|--------------------|----------------------------|---|--------------------------------|
| 5-27-05 – 7-26-05 | 99211 (\$28.28 x 4 DOS) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | \$113.12 |
| | Grand total | | \$113.12 |

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 Requestor submitted a Revised Table of Disputed Services on 9-19-06. The Requestor deleted services for which it had already been reimbursed. The review performed by the Independent Review Organization states that the office visit on date of

service 5-24-05 was also medically necessary. The Respondent had already reimbursed the Requestor for this service. No additional reimbursement is recommended for date of service 5-24-05.

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 \$113.12.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.1, 134.202
Texas Labor Code Sec. § 413.011(a-d), 413.031

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 \$113.12. The Division hereby **ORDERS** the Respondent 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:

_____, Medical Dispute Officer

10-04-06

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.

ZRC MEDICAL RESOLUTIONS

August 3, 2006

Re: MDR #: M5 06 1688 01 Injured Employee: ___
DWC #: _____ DOI: ___
IRO Cert. #: 5340 SS#: ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: _____

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Liberty Ins.

REQUESTOR: Southeast Health Services

TREATING DOCTOR: Bryan Weddle, DC

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the president of ZRC Medical Resolutions, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a chiropractor and is currently listed on the DWC Approved Doctor List.

This decision by ZRC Medical Resolutions, Inc. is deemed to be a DWC decision and order.

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, 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.

Sincerely,

Jeff Cunningham, DC
President

REVIEWER'S REPORT M5 06 1688 01

Information Provided for Review:

1. Records submitted by the carrier
2. Records submitted by the treating physician
3. Numerous diagnostic imaging reports including but not limited to Dr. Battle, Dr. Succavat, and Dr. Bennels.

Clinical History:

This case involves Mr. ___ who was involved in an industry-related accident on ____. The patient had undergone surgery, and postoperative rehabilitation had been performed.

Disputed Services:

Office visits, CPT codes 99211 and 99214, dates of service 05/24/05 through 07/26/05.

Decision:

I DISAGREE WITH THE DETERMINATION MADE BY INSURANCE CARRIER IN THIS CASE.

Rationale:

CPT code 99211 is a brief office visit. It was developed by the American Medical Association to assist physicians in determining the status of a patient. The code 99211 is

appropriate in this case, as it allows the physician and staff to determine whether or not to proceed with the rehabilitation care or if a change in service is necessary.

CPT code 99214 is utilized when more information is ascertained from the patient by the physician. In this case, the physician was again interviewing the patient and doing tests to perform the results of the previous therapies and whether or not they should be changed in any way.

Screening Criteria/Literature:

Both the Guidelines for Chiropractic Quality Assurance and Practice Parameters, also known as the Mercy Conference, and Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters indicate that such observations, inquiries, and/or assessments should be performed to determine not only medical necessary but results of prior treatments.