



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity and Fee Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: Southeast Health Services P O BOX 453062 Garland, Texas 75045	MDR Tracking No.: M5-06-1689-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Dallas ISD Rep Box # 42	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary: The Requestor did not submit a Position Summary to MDR.

Principle Documentation:

1. DWC 60/Table of Disputed Services
2. CMS 1500's
3. Explanation of Benefits

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: The Respondent did not submit a Position Summary to MDR.

Principle Documentation: The Respondent did not submit a response to MDR.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
05-20-05 to 09-22-05	99211 (\$28.28 X 31 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$876.68
05-20-05 to 09-06-05	97140-59 (1 unit @ \$34.16 X 17 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$580.72
06-13-05	99214	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$107.01
09-08-05	99212	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$50.00
05-20-05 to 06-23-05	97032 and 97016	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
06-01-05	99080-73	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
06-28-05 & 06-29-05	97016	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
07-05-05 to 11-30-05	97110	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
10-05-05 to 11-30-05	99211, 99213, 97140-59, 97032, 97016, 97113, 97530	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
12-02-05 to 12-30-05	99211	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
12-05-05	99213	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
TOTAL DUE			\$1,614.41

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.

Date of service 05-18-05 was not timely submitted per Rule 133.308(e)(1) and will not be a part of the review.

Based on review of the disputed issues within the request, Medical Dispute Resolution has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained fee issues that were not addressed by the IRO and will be reviewed by Medical Dispute Resolution.

On 09-12-2006, Medical Dispute Resolution submitted a Notice to Requestor to submit additional documentation necessary to support the charges and to challenge the reasons the Respondent had denied reimbursement within 14 days of the Requestor's receipt of the Notice.

Review of CPT codes 97110 and 97140-59 billed for date of service 12-02-05 revealed that neither party submitted copies of EOB's. Per Rule 134.600 these services require preauthorization for dates of service on or after 12-01-2005. The Requestor submitted a copy of the preauthorization for services that were preauthorized on or after 12-01-2005. The preauthorization did not include date of service 12-02-05, therefore, no reimbursement is recommended.

Review of CPT code 97110 billed for dates of service 12-05-05 (2 units), 12-14-05 (2 units) 12-19-05 (3 units), 12-27-05 (4 units), 12-28-05 (3 units) and 12-30-05 (3 units) revealed that neither party submitted copies of EOB's. Per Rule 134.600 this service requires preauthorization for dates of service on or after 12-01-2005. The Requestor submitted a copy of the preauthorization for the services that were preauthorized on or after 12-01-2005. The preauthorization included dates of service 12-05-05 through 12-30-05. Per Rule 133.307(e)(2)(B) the Requestor provided convincing evidence that the carrier was in receipt of the Requestors request for an EOB. Reimbursement is recommended in the amount of **\$612.00 (\$36.00 X 17 units)** per Rule 134.202(d)(2).

Review of CPT code 97140-59 billed for dates of service 12-05-05 (1 unit), 12-19-05 (1 unit), 12-27-05 (1 unit), 12-28-05 (1 unit) and 12-30-05 (1 unit) revealed that neither party submitted copies of EOB's. Per Rule 134.600 this service requires preauthorization for dates of service on or after 12-01-2005. The Requestor submitted a copy of the preauthorization for the services that were preauthorized on or after 12-01-2005. Per Rule 133.307(e)(2)(B) the Requestor provided convincing evidence that the carrier was in receipt of the Requestors request for an EOB. The preauthorization included dates of service 12-05-05 through 12-30-05. Reimbursement is recommended in the amount of **\$170.80 (\$34.16 X 5 units)** per Rule 134.202(c)(1).

CPT code 97110 billed for dates of service 12-09-05 (3 units), 12-16-05 (3 units), 12-21-05 (3 units) and 12-23-05 (4 units) was denied by the Respondent with denial code "152A" (payment adjusted because the payer deems the information submitted does not support this length of service). Per Rule 134.600 the Requestor obtained preauthorization prior to the services being provided. Reimbursement is recommended in the amount of **\$468.00 (\$36.00 X 13 units)** per Rule 134.202(d)(2).

CPT code 97140-59 billed for dates of service 12-09-05 (1 unit), 12-16-05 (1 unit), 12-21-05 (1 unit) and 12-23-05 (1 unit) was denied by the Respondent with denial code "W1A" (Workers Compensation State Fee Schedule Adjustment). The Respondent has not made a payment. Per Rule 134.600 the Requestor obtained preauthorization prior to the services being provided. Reimbursement is recommended in the amount of **\$136.64 (\$34.16 X 4 units)**.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.1, 133.307(e)(2)(B), 134.202(c)(1) and 134.202(d)(2)
Texas Labor Code, Sec. 413.031 and 413.011 (a-d)

PART VII: DIVISION FINDINGS AND ORDER

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 entitled to reimbursement in the amount of \$3,001.85. In addition, the Division finds that the Requestor was not the prevailing party and is not entitled to a refund of the IRO fee. 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.

Order by:

10-11-06

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.



CompPartners Final Report ACCREDITED
EXTERNAL REVIEW

CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
Texas IRO #: _____
MDR #: M5-06-1689-01
Social Security #: _____
Treating Provider: Bryan Weddle, DC.
Review: Chart
State: TX

Date Completed: 8/18/06

Date Amended: 8/29/06

Review Data:

- Notification of IRO Assignment dated 6/14/06, 1 page.
- Receipt of Request dated 6/14/06, 1 page.
- Medical Dispute Resolution Request/Response dated 5/19/06, 2 pages.
- Table of Disputed Services (date unspecified), 5 pages.
- List of Treating Providers (date unspecified), 1 page.
- Explanation of Benefits dated 6/8/05, 6/17/05, 7/12/05, 7/29/05, 7/23/05, 8/7/05, 8/2/05, 8/9/05, 8/11/05, 8/8/05, 8/15/05, 8/25/05, 9/1/05, 9/2/05, 9/8/05, 9/28/05, 9/19/05, 10/3/05, 32 pages.
- Letter of Medical Necessity dated 7/3/06, 1 page.
- Fax Cover Sheet dated 6/12/06, 1 page.
- Pre-Authorization Report dated 12/12/05, 1 page.
- Retrospective Medical Records Review dated 7/1/03, 4 pages.
- Examination Forms dated 11/7/05, 10/11/05, 9/8/05, 8/15/05, 6/13/05, 10 pages.
- SOAP Notes dated 12/28/05, 12/23/05, 12/21/05, 12/16/05, 12/14/05, 12/9/05, 12/2/05, 11/30/05, 11/25/05, 11/21/05, 11/16/05, 11/14/05, 11/11/05, 11/9/05, 11/7/05, 11/4/05, 11/2/05, 10/31/05, 10/28/05, 10/26/05, 10/24/05, 10/20/05, 10/19/05, 10/13/05, 10/12/05, 10/11/05, 9/22/05, 9/14/05, 9/1/05, 8/30/05, 8/25/05, 8/23/05, 8/19/05, 8/17/05, 8/15/05, 8/10/05, 8/8/05, 8/5/05, 8/3/05, 8/1/05, 7/8/05, 7/6/05, 7/5/05, 6/29/05, 6/28/05, 6/23/05, 6/20/05, 6/15/05, 6/13/05, 6/10/05, 6/7/05, 6/2/05, 6/1/05, 5/31/05, 5/27/05, 5/25/05, 5/23/05, 5/20/05, 5/18/05, 120 pages.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for:

- 1) Office visits (99211/99213).
- 2) Electrical stimulation (97032).
- 3) Vasopneumatic devices (97016).
- 4) Manual therapy technique (97140/97140-59).
- 5) Special reports (99080-73).
- 6) Therapeutic exercises (97110).
- 7) Unlisted diagnostic radiographic procedure (76499).
- 8) Aquatic therapy (97113).
- 9) Therapeutic activities (97530).
- 10) Office visit (99214 on 6/13/05).
- 11) Office visit (99212 on 9/8/05).

Dates of Service 5-20-05 through 12/30/05.

Determination:

1a) REVERSED – 99211 - office visit for dates of service of 5/18/05, 5/20/05, 5/23/05, 5/25/05, 5/27/05, 5/31/05, 6/1/05, 6/2/05, 6/7/05, 6/10/05, 6/15/05, 6/20/05, 6/23/05, 7/5/05, 7/6/05, 7/8/05, 7/13/05, 8/1/05, 8/3/05, 8/5/05, 8/8/05, 8/10/05, 8/17/05, 8/19/05, 8/23/05, 8/25/05, 8/30/05, 9/1/05, 9/6/05, 9/14/05, and 9/22/05.

1b) UPHELD - 99211- office visit for dates of service of 10/5/05, 10/12/05, 10/13/05, 10/18/05, 10/19/05, 10/20/05, 10/24/05, 10/26/05, 10/28/05, 10/31/05, 11/2/05, 11/4/05, 11/9/05, 11/11/05, 11/14/05, 11/16/05, 11/18/05, 11/21/05, 11/23/05, 11/25/05, 11/28/05, 11/30/05, 12/2/05, 12/9/05, 12/14/05, 12/16/05, 12/19/05, 12/21/05, 12/23/05, 12/27/05, 12/28/05, and 12/30/05.

1c) UPHELD - 99213 - office visit on 8/15/05, 10/11/05, 11/7/05, and 12/5/05.

2) UPHELD - 97032 - Electrical stimulation on 5/18/05, 5/20/05, 5/23/05, 5/27/05, 5/31/05, 6/1/05, 6/2/05, 6/7/05, 6/10/05, 6/13/05, 6/15/05, 6/20/05, 6/23/05, 7/5/05, 10/11/05, 10/13/05, 10/18/05, 10/19/05, 10/20/05, 10/24/05, 10/26/05, 10/28/05, 11/2/05, 11/4/05, 11/7/05, 11/9/05, 11/11/05, 11/14/05, 11/16/05, 11/18/05, 11/21/05, 11/23/05, 11/25/05.

3) UPHELD - 97016 - Vasopneumatic devices on 5/18/05, 5/20/05, 5/23/05, 5/27/05, 5/31/05, 6/1/05, 6/2/05, 6/7/05, 6/10/05, 6/13/05, 6/15/05, 6/20/05, 6/23/05, 6/28/05, 6/29/05, 7/5/05, 10/11/05, 10/12/05, 10/13/05, 10/18/05, 10/19/05, 10/20/05, 10/24/05, 10/26/05, 10/28/05, 11/2/05, 11/4/05, 11/7/05, 11/9/05, 11/11/05, 11/14/05, 11/16/05, 11/18/05, 11/21/05, 11/23/05, 11/25/05.

- 4a) REVERSED** - 97140/97140-59 - Manual therapy technique - Dates of service from 5/18/05, 5/20/05, 5/23/05, 5/25/05, 5/27/05, 6/1/05, 6/2/05, 6/7/05, 6/10/05, 6/15/05, 6/20/05, 6/23/05, 7/13/05, 8/17/05, 8/25/05, 8/30/05, 9/1/05 and 9/6/05.
- 4b) UPHELD** - 97140/97140-59 - Dates of service from 10/11/05, 10/19/05, 10/20/05, 10/26/05, 10/28/05, 10/31/05, 11/2/05, 11/4/05, 11/7/05, 11/9/05, 11/11/05, 11/14/05, 11/16/05, 11/21/05, 11/23/05, 11/25/05, 11/28/05 and 11/30/05.
- 5) UPHELD** - 99080-73 - Special reports on 6/1/05.
- 6) UPHELD** - 97110 - Therapeutic exercises on dates of service of 7/5/05 for 2 units, 7/6/05 for 2 units, 7/13/05 one unit, 8/1/05 for 2 units, 8/3/05 for 2 units, 8/5/05 one unit, 8/8/05 one unit, 8/10/05 for 2 units, 8/15/05 for 2 units, 8/17/05 for 3 units, 8/19/05 for 2 units, 8/23/05 for 2 units, 8/25/05 one unit, 8/30/05 for 3 units, 9/1/05 for 2 units, 9/6/05 for 3 units, 9/8/05 for 2 units, 9/14/05 for one unit, 9/22/05 for 2 units, 10/19/05 one unit, 10/24/05 one unit, 10/28/05 one unit, 11/9/05 3 units, 11/11/05 2 units, 11/14/05 4 units, 11/16/05 4 units, 11/18/05 2 units, 11/21/05 4 units, 11/23/05 2 units, 11/25/05 2 units, 11/28/05 2 units, 11/30/05 3 units.
- 7) UPHELD** - 76499-Unlisted diagnostic radiographic procedure on 7/8/05.
- 8) UPHELD** - 97113-aquatic therapy on dates of service of 10/12/05, 10/13/05, 10/18/05, 11/2/05, 11/4/05, and 12/5/05.
- 9) UPHELD** - 97530-Therapeutic activities on dates of service of 10/12/05, 10/20/05, 10/24/05, 10/26/05, 10/28/05, 10/31/05, 11/2/05, 11/18/05.
- 10) REVERSED** - 99214 on 6/13/05.
- 11) REVERSED** - 99212 on 9/8/05.

Rationale:

Patient's age: 61 years

Gender: Female

Date of Injury:

Mechanism of Injury: Fell down a flight a stairs, sustained injuries to her head, scalp, neck, left elbow and right knee.

Diagnoses: Cervical disc displacement; brachial neuritis; sprain of knee & leg; sprain elbow/forearm; post surgical 360 degree fusion, with a corpectomy from C4 to C7 on 8/25/04; and status post 360 degree fusion with corpectomy at C4 down to T4 performed on 10/14/04, status post surgical full thickness tear of right supraspinatus on 9/28/05.

This patient was 5'4" tall and weighed 180 pounds on 6/15/05. There was no indication of the date the actual cervical fusion rehabilitation was started. There was no prescription included from the operating surgeon for type, frequency or duration of rehabilitation desired post surgically. The patient had a complicated history of which only the cervical spine, right knee and left elbow were considered accepted body parts from the injury, which occurred on 4/4/03. There was a dispute regarding the bilateral shoulders and they are still not accepted body parts to this reviewer's knowledge.

The records review dated 7/1/03, from Dennis Ice, M.D., indicated that according to ER records her injuries included a scalp laceration, right middle finger abrasion, left elbow and right knee sprain. X-rays of the cervical spine on 5/29/03, revealed straightening of the spine, which might be related to spasms and degenerative changes at the facet joints. On 6/10/03 an MRI was performed of the cervical spine revealing a 3mm posterior bulge at C4-5, and C5-6 levels, with posterior osteophyte formation and desiccation at C6-7 IVD, with no evidence of disc herniation. The actual notes on 5/18/05 indicated right shoulder pain rated 9/10 and constant, and she was not getting relief from any passive treatments. She had a right shoulder MRI on that date, but there was no report of findings made available.

The notes through September indicated neck and shoulder pain. Other dates of service from October 2005 to December 2005 indicated right shoulder pain, some occasional neck and mid back and low back pain with psoas pain. The claimant had been provided two surgeries to the cervical and thoracic spine. She is post surgical 360-degree fusion with a corpectomy from C4 to C7 on 8/25/04, and status post 360-degree fusion with corpectomy at C4 down to T4, performed on 10/14/04. She is also status post surgical repair for full thickness tear of right supraspinatus performed on 9/28/05.

Overall, the documentation reviewed started on 5/18/05 and ended on 12/23/05. The subjective portion of the notes indicated

various complaints of neck pain, right shoulder pain and on some dates, low back pain with psoas pain. The daily notes failed to provide muscle testing, reflexes, and ranges of motion. There were no orthopedic test findings or any descriptions specifically.

The current request is to determine the medical necessity for services disputed from dates of service 5/20/05 to 12/30/05, including:

1a) 99211 - office visit on 5/18/05, 5/20/05, 5/23/05, 5/25/05, 5/27/05, 5/31/05, 6/1/05, 6/2/05, 6/7/05, 6/10/05, 6/15/05, 6/20/05, 6/23/05, 7/5/05, 7/6/05, 7/8/05, 7/13/05, 8/1/05, 8/3/05, 8/5/05, 8/8/05, 8/10/05, 8/17/05, 8/19/05, 8/23/05, 8/25/05, 8/30/05, 9/1/05, 9/6/05, 9/14/05, 9/22/05. The appeal letter from the provider indicated these dates of service were provided as post surgical neck rehabilitation. Careful review of these notes indicated the claimant was being assessed for the right shoulder complaints, as well as neck pain. Nevertheless, it would be reasonable to provide these visits for this patient's postoperative rehabilitation for the two back-to-back neck fusion surgeries, which was a complicating factor. Therefore, these dates of service from 5/18/05 to 9/22/05 would be found medically necessary.

1b) Regarding the dates of service indicated from 10/5/05 to 12/30/05, Shoulder surgery was performed on 9/28/05 and therefore, these dates of service would be found appropriate for post surgical rehabilitation for the surgery, per the Official Disability Guidelines which allows for 40 visits over 16 weeks. It should be noted however, that the shoulder is not an accepted body part for this injury date and therefore, although it would be medically necessary for the patient to have therapy on these dates of service, this shoulder is not an accepted body part to this reviewers knowledge and therefore, the non-certification is upheld for dates of service of 10/5/05 to 12/30/05 as long as this is not an accepted body part. Specifically, dates were 10/5/05, 10/12/05, 10/13/05, 10/18/05, 10/19/05, 10/20/05, 10/24/05, 10/26/05, 10/28/05, 10/31/05, 11/2/05, 11/4/05, 11/7/05, 11/9/05, 11/11/05, 11/14/05, 11/16/05, 11/18/05, 11/21/05, 11/23/05, 11/25/05, 11/28/05, 11/30/05, 12/2/05, 12/9/05, 12/14/05, 12/16/05, 12/19/05, 12/21/05, 12/23/05, 12/27/05, 12/28/05, and 12/30/05.

1c) 99213- Office visits on 8/15/05, 10/11/05, 11/7/05, and 12/5/05. The medical necessity may have been there for the examinations for actual shoulder rehab being performed, however since the shoulders are not accepted body parts for this injury date, these service dates specifically provided for shoulder rehab as indicated by the provider, is upheld as a non-certification at this time with the available information.

2) 97032-Electrical stimulation-5/18/05, 5/20/05, 5/23/05, 5/27/05, 5/31/05, 6/1/05, 6/2/05, 6/7/05, 6/10/05, 6/13/05, 6/15/05, 6/20/05, 6/21/05, 6/23/05, 7/5/05, 10/11/05, 10/12/05, 10/13/05, 10/18/05, 10/19/05, 10/20/05, 10/24/05, 10/26/05, 10/28/05, 11/2/05, 11/4/05, 11/7/05, 11/9/05, 11/11/05, 11/14/05, 11/16/05, 11/18/05, 11/21/05, 11/23/05, 11/25/05. There was no evidence within the daily notes that electrical stimulation took place on this patient. The area to be checked off on the form if this service was charged was left entirely blank for these dates of service. Therefore, the decision to non-certify these charges for these specific dates of service is upheld.

3) 97016-Vasopneumatic devices on 5/18/05, 5/20/05, 5/23/05, 5/27/05, 5/31/05, 6/1/05, 6/2/05, 6/7/05, 6/10/05, 6/13/05, 6/15/05, 6/20/05, 6/23/05, 6/28/05, 6/29/05, 7/5/05, 10/11/05, 10/12/05, 10/13/05, 10/18/05, 10/19/05, 10/20/05, 10/24/05, 10/26/05, 10/28/05, 11/2/05, 11/4/05, 11/7/05, 11/9/05, 11/11/05, 11/14/05, 11/16/05, 11/18/05, 11/21/05, 11/23/05, 11/25/05. The medical necessity for these dates of service is not found. This treatment would be appropriate only if medical necessity is proven for the treatment. The documentation simply did not indicate specifically that objective findings were made in the daily notes consisting of any measurable or graded evidence of edema or radicular type pain on any of these dates of service. Therefore, given the stance stated by Medicare and Medicaid guidelines that medical necessity must be proven for this treatment, the decision is upheld that there is no medical necessity proven in the documentation to support this application on any of the dates of service mentioned.

4) 97140/97140-59 - Manual therapy technique (Myofascial release in this case)

a) On 5/18/05, 5/20/05, 5/23/05, 5/25/05, 5/27/05, 6/1/05, 6/2/05, 6/7/05, 6/10/05, 6/15/05, 6/20/05, 6/23/05, 7/13/05, 8/17/05, 8/25/05, 8/30/05, 9/1/05 and 9/6/05 were provided for the post surgical cervical fusion rehabilitation. The medical necessity for this physical therapy modality would be found within the provided documentation and therefore, the non-certification is overturned. This therapy would be within the Official Disability Guidelines (ODG) recommendations with 34 visits over 16 weeks.

b) From the dates of service regarding post surgical shoulder repair rehabilitation on 10/11/05, 10/19/05, 10/20/05, 10/26/05, 10/28/05, 10/31/05, 11/2/05, 11/4/05, 11/7/05, 11/9/05, 11/11/05, 11/14/05, 11/16/05, 11/21/05, 11/23/05, 11/25/05, 11/28/05 and 11/30/05 these dates of service were not found certified due to the fact the shoulder is not an accepted body part for this injury date therefore the non-certification is upheld.

5) 99080-73 - Special reports-6/1/05. There was no special report indicated in the available documentation from this provider on this date of service, therefore, the medical necessity for this report is not established and the non-certification determination is upheld.

6) 97110 - Therapeutic exercises on 7/5/05 for 2 units, 7/6/05 for 2 units, 7/13/05 one unit, 8/1/05 for 2 units, 8/3/05 for 2 units, 8/5/05 one unit, 8/8/05 one unit, 8/10/05 for 2 units, 8/15/05 for 2 units, 8/17/05 for 3 units, 8/19/05 for 2 units, 8/23/05 for 2 units, 8/25/05 one unit, 8/30/05 for 3 units, 9/1/05 for 2 units, 9/8/05 for 3 units, 9/6/05 for 2 units, 9/14/05 for one unit, 9/22/05 for 2 units, 10/19/05 one unit, 10/24/05 one unit, 10/28/05 one unit, 11/9/05 3 units, 11/11/05 2 units, 11/14/05 4 units, 11/16/05 4 units, 11/18/05 2 units, 11/21/05 4 units, 11/23/05 2 units, 11/25/05 2 units, 11/28/05 2 units, 11/30/05 3 units. The Blue Cross guidelines and provider facts indicated that to be reimbursed for CPT code 97110, the documentation must contain objective measurements of strength and range of motion and mobility to support the use of this code. It must also contain the specific exercises performed, purpose of the exercises as related to function, instruction given, and/or assistance needed. The documentation must support the skills and expertise of the covered provider, and there must be functional limitation/deficits as result of the strength, range of motion, and or flexibility deficits along with the response of the patient to this treatment (therapeutic exercises). This documentation was void of all of that information on these dates of service and therefore, the clinical medical necessity could not be established, and this reviewer upholds the non-certification decision.

7) 76499 - Unlisted diagnostic radiographic procedure on 7/8/05. There was no report of findings or mention in the daily notes from 7/8/05 that there had been a diagnostic radiographic procedure performed, therefore, this request was not found medically necessary because there was no clinical reason established and no proof of what was performed due to the lack of a report.

8) 97113 - Aquatic therapy on 10/12/05 for 2 units, 10/13/05 for 2 units, 10/18/05 for 2 units, 11/2/05 for 2 units, 11/4/05 for 2 units. There was no documentation indicating specific clinical medical necessity or description of what was performed and the outcome of the treatment in these dates of service notes. Therefore, clinical medical necessity was not established and the denial is upheld.

9) 97530 - Therapeutic activities on 10/12/05, 10/20/05, 10/24/05, 10/26/05, 10/28/05, 10/31/05, 11/2/05, 11/18/05. The medical necessity for these dates of service was not found within the provided daily notes and documentation. There was no documentation which explained what type of therapeutic activities were performed and for what deficit. The Blue Cross Participating Chiropractic Manual was used for reference, which indicates that there must always be a documented expectation that the patient will, in fact, achieve a reasonable improvement over a predictable period of time for the services to be eligible for reimbursement. Therefore, this decision for non-certification is upheld as the notes did not contain any specifics with any description of therapeutic activities.

10) 99214-Office visit on 6/13/05. The exam sheet from this date of service indicates that pain scales were taken for the right shoulder, neck and mid back, and that shoulder orthopedic tests were performed, ranges of motion were done in the shoulder and cervical spine and manual muscle testing was performed of the neck and shoulder areas. The medical necessity was established due to the post-operative cervical spine surgery rehabilitation visit allowances per the Official Disability Guidelines. Therefore, the decision is overturned to a certification.

11) 99212-Office visit on 9/8/05. The documentation on this date of exam was minimal with pain scales, and cranial nerve testing with range of motion and muscle testing. The documentation would meet this level of code and therefore, with the patient undergoing post-operative rehabilitation services for the cervical fusion surgeries, this exam would be a medical necessity. Therefore, the decision is overturned to a certification. Reference to the ChiroCode Desk Book 10th edition, section C page 17 was used to support this determination.

Criteria/Guidelines utilized:

- 1) Texas Department of Insurance and DWC rules and regulations.
- 2) ACOEM Guidelines do not apply.
- 3) ChiroCode Desk Book, 10th edition. Section C, page 17.
- 4) BCBS guidelines
- 5) Official Disability Guidelines, 9th. Edition-Work Loss Data Institute, 2004, Special Edition-Top, 200 Conditions, Page: 142 Topic: Cervical disc without myelopathy Excerpt: Physical therapy Post surgery (fusion): 34 visits over 16 weeks.
- 6) Official Disability Guidelines, 9th Edition-Work Loss Data Institute Special Edition, Top 200 Conditions 2004, Page: 154, Topic: Rotator cuff, post surgery, physical therapy, Excerpt: "24 visits over 14 weeks", Complete rupture, "40 visits over 16 weeks."

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas Licensed DC, BSRT, FIAMA Chiropractor and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist 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 the decision before the referral to CompPartners, Inc.

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.

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, requestor, claimant and the Division via facsimile or U.S. Postal Service from the office of the IRO on this day of August 18, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee *Lee-Anne Strang*