

MDR Tracking Number: M5-03-2344-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on May 20, 2003.

The IRO reviewed physical medicine procedures and office visits rendered on 5/21/02, 5/22/02, 5/28/02, 5/30/02 and 6/10/02 that were denied based upon "V & U". The evaluation and management service for date of service 5/21/02 was found to be medically necessary.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Consequently, the requestor is not owed a refund of the paid IRO fee.

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

On September 15, 2003, the Medical Review Division 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.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Reference	Rationale
1/17/03	99455	\$300.00	\$0.00	G	\$300.00	<u>MFG</u> , Evaluation and Management Ground Rule (XXII)(A-C)	The requestor did not submit documentation to support the service rendered as billed. Therefore, the requestor is not entitled to reimbursement of the disputed charges.
TOTAL		\$300.00					The requestor is entitled to reimbursement of <b>\$319.75</b> .

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to date of service 5/21/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 18<sup>th</sup> day of December 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

October 7, 2003

**Re: IRO Case # M5-03-2344-01**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation, and who had been admitted to the TWCC Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 46-year-old male who was injured on \_\_\_ when a metal rack fell, hitting his shin and right foot. He also injured his left shoulder, back and neck when lifting the weight off of his foot. He sought treatment the next day. X-rays were negative, and the patient was initially diagnosed with a foot contusion and lower leg contusion. The patient presented to the treating D.C. on 2/26/02 and was diagnosed with acute lumbosacral sprain/strain, lumbar facet syndrome, cervical spine sprain/strain, left acromioclavicular joint sprain,

cervical and lumbar myalgia and myospasm. Treatment began with passive physical therapy and progressed to both passive and active physical therapy. A 3/21/02 MRI of the lumbar spine was negative for any abnormalities. A 3/22/02 MRI of the left shoulder was significant for a partial tear of the supraspinatus and infraspinatus tendons. The patient was referred to an orthopedic surgeon who continued conservative treatment, including a steroid injection into the left shoulder. The patient underwent surgery on 6/11/02.

Requested Service(s)

Physical medicine procedures and office visits 5/21/02, 5/22/02, 5/24/02, 5/28/02, 5/30/02, 6/10/02, 6/25/02.

Decision

I agree with the carrier's decision to deny the requested treatment, except for code 99358 on 5/21/02.

Rationale

The patient was injured on \_\_\_\_\_. He was treated extensively with both passive and active therapy, and eventually had a surgical procedure on 6/11/02. The patient had already undergone three months of physical therapy, and no further physical therapy would be necessary. A home exercise program would have achieved the desired goal of strengthening the shoulder pre-operatively. The documentation for each disputed date includes 15 minutes of goniometer. This would not be medically necessary after three months of physical therapy, and while the patient is awaiting surgery. Furthermore, the documentation for the office visits does not support the level three billing code. There was no review of symptoms or physical examination diagnosis in the notes for these dates. There was no medical necessity for the patient to see his D.C. two to three times per week when he was awaiting surgery for his shoulder.

On 5/21/02 a service was provided and included as code 99358. There is documentation of a telephone call, presumably with another medical professional regarding the patient, lasting less than one hour. This appears to be an appropriate use of the code.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,