

MDR Tracking Number: M5-03-3034-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 7-14-03. The disputed dates of service 6-3-02 through 6-27-02 are untimely and ineligible for review per TWCC Rule 133.307 (d)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the dates of service in dispute.

The IRO reviewed office visits, prolonged E/M service, required reports, hot/cold packs, ultrasound, therapeutic exercises, myofascial release, electric stimulation, and massage from 7-19-02 through 12-20-02.

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

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division

On 2-27-04, 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	Reference	Rationale
7/15/02 9/26/02 10/30/02 12/4/02	99080-73	\$15.00 x 4 days	\$0.00	F	Rules 133.307(g)(3)) (A-F) & 129.5	Carrier's denial states, ... "does not fall within the guidelines of a reimbursable report." Per Rule 129.5, this is a reimbursable report. Recommend reimbursement of \$15.00 x 4 = \$60.00.
9/13/02 9/26/02	99358-52 99214	\$42.00 \$71.00	\$0.00 \$0.00	No EOB		Since neither party submitted an EOB, this review will be per the 1996 <i>Medical Fee Guideline</i> . Per E/M ground rule VI B and CPT descriptors, recommend reimbursement of \$42.00 + \$71.00 = \$113.00.
10/8/02 10/9/02 10/10/02 10/15/02 10/25/02 10/31/02 11/1/02 11/5/02 11/6/02 11/13/02 11/14/02 11/15/02 11/20/02 11/22/02 11/26/02 11/27/02	95851	\$36.00 x 16 days	\$0.00	G	Rule 133.307(g)(3)) (A-F)	Range of motion is not a global service if it is performed as a separate procedure per the CPT descriptor. The descriptor for this code requires measurements and a report if it is performed as a separate procedure. Relevant information did not support range of motion as a separate procedure in that no separate range of motion measurements or range of motion reports were included in the documentation. Therefore, no reimbursement recommended.
10/11/02	99358-52	\$42.00	\$0.00	F		Per the 1996 <i>Medical Fee Guideline</i> E/M ground rule, CPT descriptor and the medicine ground rule I A 10 a, recommend reimbursement of \$42.00 + \$44.00 + \$56.00 = \$142.00.
10/15/02	97035 97124	\$44.00 \$56.00	\$0.00	F		
10/25/02	97035 97124 97110	\$44.00 \$56.00 \$105.00	\$44.00	-		Per EOB, this charge was paid. Therefore, no dispute exists.
10/31/02	99213	\$48.00	\$0.00	F		Per the 1996 <i>Medical Fee Guideline</i> , E/M ground rule XXII. D. 2, This exam was not a part of an MMI/IR exam. The treating doctor service on this date was a review of the MMI/IR report only. Therefore, recommend reimbursement of \$48.00.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	Reference	Rationale
11/7/02	E0100	\$45.00	\$26.70	M		The requestor failed to submit relevant information to support a need for additional reimbursement as required by Rule 133.307(g)(3)(D). No reimbursement recommended.
3/20/03	99080-73	\$15.00	\$0.00	V		Carrier denied inappropriately. Per Rule 129.5, this is a reimbursable report. Recommend reimbursement of \$15.00.
1/10/03	99358-52	\$42.00	\$0.00	No EOB		Since neither party submitted an EOB, this review will be per the 1996 <i>Medical Fee Guideline</i> . Per E/M ground rule VI B, CPT descriptors, and Rule 129.5, recommend reimbursement of \$42.00 + \$48.00 + \$15.00 = \$105.00.
4/25/03	99213 99080-73	\$48.00 \$15.00	\$0.00			
TOTAL						The requestor is entitled to reimbursement of \$483.00.

This Decision is hereby issued this 25th day of June 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

Ph. 512/248-9020
IRO Certificate #4599

Fax 512/491-5145

NOTICE OF INDEPENDENT REVIEW DECISION amended 2/27/04

December 9, 2003

Re: IRO Case # M5-03-3034

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) 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, Rule 133.308 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 Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy 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 Orthopedic Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the 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 Envoy 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 Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient was injured in ___ when she was knocked off a stepladder. She twisted her right ankle when she fell, and she complained of pain on her right side, right knee and right ankle after the accident. The patient was treated by her D.C. on 6/3/02 and x-rays of the right knee and ankle and ribs were performed, with no apparent fracture identified. The

patient was diagnosed with a sprain of the right knee and right ankle, and a contusion to the right side of the chest. The patient underwent treatment including chiropractic evaluations and physical therapy with multiple modalities. MRI studies of the right ankle and right knee on 7/18/02 demonstrated in the knee a small joint effusion with a small popliteal cyst and lateral meniscus tear, and in the ankle evidence of AVN of the talar dome medially with some concavity and deformity as well as an injury to the anterior talo-fibular ligament. On 7/25/02 the patient was evaluated by an orthopedic surgeon who recommended arthroscopy of the right knee to treat the lateral meniscus tear, and arthroscopy of the right ankle to evaluate and treat the chondral defect identified on the talar dome. The patient continued treatments with the D.C. until the time of surgery on 8/23/02. The patient was found to have a lateral meniscus tear, grade III-IV chondromalacia of the patella, and synovitis of the right ankle. At the time of arthroscopy, a patellar chondroplasty was performed as well as a partial lateral meniscectomy of the right knee, and synovectomy of the right ankle. Following surgery, the patient attended regular visits with her D.C. and intermittent follow-up visits with her surgeon.

Requested Service(s)

Office visits, prolonged E/M service, required reports, hot/cold pack therapy, ultrasound therapy, therapeutic exercises, myofascial release, electric stimulation, massage therapy 7/19/02-12/20/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rational

When on 7/18/02 MRI studies demonstrated a lateral meniscus tear of the right knee, and an injury to the anterior talo-fibular ligament of the right knee, and a surgical recommendation was made, the patient should have been placed on a home exercise program in preparation for surgery. But she continued to undergo evaluations and treatments that were not indicated.

After arthroscopy of the right knee and ankle, the standard of care usually includes 15 to 18 supervised physical therapy sessions by a licensed physical therapist over a maximum period of six to eight weeks. These physical therapy sessions may include therapeutic exercises for strengthening and range of motion, and may include modalities such as cold therapy, ultrasound and electrical stimulation. Following supervised physical therapy, the patient should have been placed on a home exercise program.

The patient was noted by her surgeon to have full motion in her ankle by 10/21/02 and was considered to be at MMI for the ankle. She was noted by her surgeon on 11/14/02 to have full motion in her knee and ankle. She continued to undergo multiple visits with her D.C. over a period of several months. The documentation by the D.C. to support his treatment is very poor and does not show the necessity of the disputed treatment. From the records provided for this review, the disputed treatment was not medically necessary.

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

Daniel Y. Chin, for GP