

MDR Tracking #M5-05-1439-01

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, 133.307 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 01-14-05.

The IRO reviewed therapeutic exercises, neuromuscular re-education, analysis of clinical data, manual therapy technique, therapeutic activities and unlisted special service rendered from 03-17-04 through 07-19-04 that were denied based upon "U".

CPT code 97010 per Medicare is a bundled service code and considered an integral part of a therapeutic procedure(s). Regardless of whether it is billed alone or in conjunction with another therapy code, additional payment should not be made. Payment is included in the allowance for another therapy service/procedure performed. No reimbursement is recommended.

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.

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 02-10-05, 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.

CPT code 97110 (1 unit) date of service 05-14-04 denied with denial code "F" (fee guideline MAR reduction). The carrier has made a payment of \$34.46. Recent review of disputes involving CPT code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one". Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division (MRD) has reviewed the matters in light of the Commission requirements for proper documentation. No additional reimbursement is recommended.

CPT code 97112 (1 unit) date of service 05-14-04 denied with denial code “F” (fee guideline MAR reduction). The carrier has made a payment of \$34.30. Per Rule 134.202(c)(1) reimbursement is \$34.30 (\$27.44 X 125%). No additional reimbursement is recommended.

This Findings and Decision is hereby issued this 21st day of April 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

Z iro C

A Division of ZRC Services, Inc.

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April 19, 2005

TWCC Medical Dispute Resolution
Fax: (512) 804-4868

Patient: _____
TWCC #: _____
MDR Tracking #: M5-05-1439
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker’s Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed physician board certified and specialized in chiropractic care. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the

reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

EOB's from disputed dates of services, active rehab notes, chart notes from Kelley Bell DC.

CLINICAL HISTORY

Date of injury is _____. Shoulder surgery was August 15,2003.

DISPUTED SERVICES

Under dispute is the medical necessity of Therapeutic exercises, neuromuscular re-education, analysis of clinical data, manual therapy technique, therapeutic activities, unlisted special service, and ultrasound for dates of services 3/17/2004 through 7/19/2004.

DECISION

The reviewer agrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

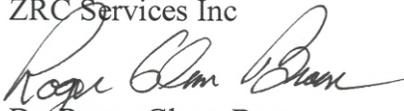
The treatment in dispute appears medically unnecessary with surgery performed August 15,2003, the reviewer would feel that after post surgical rehab is completed, active rehab would be the next step in treatment. An FCE would then determine if work conditioning/work hardening is necessary or if the patient met the PDL of his job. The Mercy Guidelines and peer review literature do not support the treatment given for the dates of services.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding a copy of this finding by facsimile to the TWCC.

Sincerely,
ZRC Services Inc


Dr. Roger Glenn Brown
Chairman & CEO