

MDR Tracking Number: M5-03-0142-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits and therapeutic procedures were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visit and therapeutic charges.

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 dates of service 3/18/02 through 3/22/01 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 30th day of January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

December 2, 2002

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Re: Medical Dispute Resolution
MDR #: M5-03-0142-01
IRO #: 5055

Dear ____:

____ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a Doctor of Chiropractic Medicine.

Clinical History:

This male claimant suffered a work-related injury to his right foot on _____. He underwent a trial of conservative treatment, and, eventually, a surgical Repair of his right ankle on 12/07/01. Postoperative physical therapy was Started on 01/07/02 and continued through 03/22/02.

Disputed Services:

Office visits, therapeutic procedures, kinetic activities, joint mobilization, and ultrasound for the period of 03/18/02 through 03/22/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that the office visits (99213) and therapeutic Procedures (97110) **were medically necessary** in this case. Also, the office Visit (99214) on 03/19/02 **was medically necessary**. All other requested Treatments or procedures **were not medically necessary**.

Rationale for Decision:

The treatments on these dates are within eight (8) weeks of postoperative Physical therapy, which had begun and includes active therapy, which is Appropriate for the particular rehabilitation postoperatively. The notes of the Operating surgeon also support it. The office visit CPT Code 99214 was Medically necessary as it met the criteria as an update and examination on the patient to determine if his active treatment was improving, and to

establish the need for future care. This examination is to be conducted if there is a dramatic change in the patient's progress, and at regular intervals, no sooner than four (4) weeks.

Examination notes by the treating physician give supportive evidence for therapeutic activities (97110), which incorporates strength, endurance, and range of motion or flexibility, such as the treadmill and isokinetic exercises. The documentation does not support kinetic activities (97530), which include the use of multiple parameters for functional activity such as specific lifting stations and closed kinetic chain stabilization activity, such as wobble-board. This is derived from the *American Medical Association CPT Codes*.

There is no documentation as to why ultrasound (97035) was utilized after approximately eight (8) weeks of rehabilitative therapy. Therefore, passive therapy after four to six weeks is usually not indicated according to the *Guidelines for Chiropractic Quality Assurance and Practice Parameters*, known as *Mercy Center Guidelines*.

No additional documentation exists to support the additional treatment of unit mobilization (97265) not covered in the office visit (99213).

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,