

MDR Tracking Number: M5-03-0155-01

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 IRO reviewed chiropractic treatment and diagnostic studies rendered from 09-10-01 to 1-30-02 that were denied based upon "U".

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 June 24, 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:

Since neither party submitted original EOBs, all services denied based upon "O", "F", "N", and "S" will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
9-10-01	99205	\$160.00	\$0.00	O	\$137.00	CPT code Description	Documentation supports billed service; reimbursement of \$137.00 is recommended.
9-10-01	99070	\$18.33 \$6.00 \$8.00	\$0.00	O	DOP	General Instructions GR (IV)	Documentation supports billed service; reimbursement of \$32.33 is recommended.
9-11-01 9-12-01 9-18-01 9-19-01	99213	\$50.00	\$0.00	O	\$48.00	CPT code Description	Documentation supports billed service; reimbursement of 4 X \$48.00 = \$192.00 is recommended.

9-11-01 9-12-01 9-18-01	97265	\$43.00	\$0.00	O	\$43.00	CPT code Description	Documentation supports billed service; reimbursement of 3 X \$43.00 = \$129.00 is recommended.
9-11-01 9-12-01	97250	\$43.00	\$0.00	O	\$43.00	CPT code Description	Documentation supports billed service; reimbursement of 2 X \$43.00 = \$86.00 is recommended.
9-11-01 9-12-01 9-18-01	97024	\$25.00	\$0.00	O	\$21.00	CPT code Description	Documentation supports billed service; reimbursement of 3 X \$21.00 = \$63.00 is recommended.
9-11-01 9-12-01	97014	\$17.00	\$0.00	O	\$15.00	CPT code Description	Documentation supports billed service; reimbursement of 2 X \$15.00 = \$30.00 is recommended.
9-13-01 9-14-01	99213	\$50.00	\$0.00	L	\$48.00	Rule 126.9	Requestor was the treating doctor. Documentation supports billed service; reimbursement of \$48.00 is recommended.
9-13-01 9-14-01	97265	\$43.00	\$0.00	L	\$43.00	Rule 126.9	Requestor was the treating doctor. Documentation supports billed service; reimbursement of \$43.00 is recommended.
9-13-01 9-14-01	97250	\$43.00	\$0.00	L	\$43.00	Rule 126.9	Requestor was the treating doctor. Documentation supports billed service; reimbursement of \$43.00 is recommended.
9-13-01	97024	\$25.00	\$0.00	L	\$21.00	Rule 126.9	Requestor was the treating doctor. Documentation supports billed service; reimbursement of \$21.00 is recommended.
9-13-01	97014	\$17.00	\$0.00	L	\$15.00	Rule 126.9	Requestor was the treating doctor. Documentation supports billed service; reimbursement of \$15.00 is recommended.
9-13-01	99070	\$30.00	\$0.00	L	DOP	General Instructions GR (IV)	Requestor was the treating doctor. Documentation supports billed service; reimbursement of \$30.00 is recommended.

9-18-01	97110	\$140.00	\$0.00	O	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b) CPT code Description	Documentation supports billed service; reimbursement of \$140.00 is recommended.
9-18-01	97150	\$27.00	\$0.00	O	\$27.00	CPT code Description	Documentation supports billed service; reimbursement of \$27.00 is recommended.
1-24-02 1-30-02	97150	\$27.00	\$0.00	N	\$27.00	CPT code Description	Documentation supports billed service; reimbursement of 2 X \$27.00 = \$54.00 is recommended.
9-19-01 9-20-01 9-21-01 10-24-01 10-25-01 11-14-01 11-16-01 1-10-02 1-11-02 1-16-02 1-17-02 1-18-02 1-24-02 1-30-02	97265	\$43.00	\$0.00	N	\$43.00	CPT code Description	Documentation supports billed service; reimbursement of 14 X \$43.00 = \$602.00 is recommended.
9-19-01 9-20-01 9-21-01	97110	\$140.00	\$70.00	N, S	\$35.00 / 15 min	CPT code Description Medicine GR (I)(A)(9)(b)	Documentation supports billed service; reimbursement of 3 X \$70.00 = \$210.00 is recommended.
11-12-01 11-14-01 11-16-01 1-7-02 1-10-02 1-11-02 1-16-02 1-17-02 1-18-02 1-24-02 1-30-02	97110	\$280.00	\$140.00	N, S	\$35.00 / 15 min	CPT code Description Medicine GR (I)(A)(9)(b)	Documentation supports billed service; reimbursement of 11 X \$140.00 = \$1540.00 is recommended.
9-20-01 11-14-01 11-16-01	99213	\$50.00	\$0.00	N	\$48.00	CPT code Description	Documentation supports billed service; reimbursement of 3 X \$48.00 = \$144.00 is recommended.
9-21-01	99213	\$50.00	\$0.00	S	\$48.00	CPT code Description	Documentation supports billed service; reimbursement of \$48.00 is recommended.
1-10-02 1-11-02 1-16-02	97250	\$43.00	\$0.00	N	\$43.00	CPT code Description	Documentation supports billed service; reimbursement of 7 X \$43.00 = \$301.00 is

1-17-02 1-18-02 1-24-02 1-30-02							recommended.
12-11-01	97750 MT 99215	\$215.00 \$129.00	\$200.00 \$0.00	F N	\$43.00 /body area	CPT code Description Medicine GR (I)(E)(2) (a) and (b)(i)(ii)(iii) Medicine GR (I)(E)(3) TWCC and the Importance of Proper Coding	Per Medicine GR (I)(E)(3), “muscle testing may replace six components of the functional abilities test and shall be reimbursed (by time required) as a component of the FCE, not exceeding the MAR for an FCE.” Therefore, the requestor is entitled to reimbursement of the MAR for 2 nd and Final FCE of \$200.00. The requestor was paid appropriately. Physical examination is component of FCE. Since provider was paid for FCE, reimbursement for office visit is not recommended.
10-4-01	99215	\$125.00	\$0.00	N	\$103.00	CPT code Description	Documentation supports billed service; reimbursement of \$103.00 is recommended.
1-22-02	97750 MT	\$129.00	\$0.00	F	\$43.00 /body area	Medicine GR (I)(E)(3)	Report supports 2 body areas tested; therefore, reimbursement of \$86.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$4224.33.

This Decision is hereby issued this 12th day of August 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 9-10-01 through 1-30-02 in this dispute.

This Order is hereby issued this 12th day of August 2003.

Roy Lewis
Medical Dispute Resolution Supervisor
Medical Review Division

Date: June 17, 2003

RE: MDR Tracking #: M5-03-0155-01
IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to _____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

_____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer. The Chiropractic physician reviewer has signed a certification statement stating 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 the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant is a 35 year old Hispanic female who injured herself while pushing an inmate in a wheelchair, weighing in excess of 300#, into a shower. She was evaluated and treated with physical therapy, trigger point injections, and a multitude of different medications, including Flexeril, Valium, Naprosyn, Indocin, and Tylenol. There appeared to be a problem with compliance with her physical therapy regimen, including multiple missed appointments. She was involved in therapy from about 8/14/01 to 1/31/02. During this period of time, physical examinations appear to have shown no objective neurological abnormalities.

Requested Service(s)

Office visits, report, range of motion testing, muscle testing, therapeutic procedures and joint mobilization from 10/4/01 – 1/24/02.

Decision

I agree with the insurance carrier that all services rendered between 10/4/01 and 1/24/02 were not medically necessary.

Rationale/Basis for Decision

The Rand Study of 1991 suggests that an adequate trial of manipulation in a course of 12 manipulations in a period of time up to 4 weeks is sufficient to determine its effectiveness. In the absence of objectively measured improvement, spinal manipulation is no longer indicated. (Shekell PG et al: *The Appropriateness of Spinal Manipulation for Low Back Pain. Indication and Ratings by an All-Chiropractic Expert Panel*, Santa Monica, CA, 1991, Rand) Similarly, in order to justify continuing physical therapy, there should be objective documentation of improvement. The documentation shows that the claimant had a previous trial of physical therapy, starting on 8/14/01, therefore, upon re-initiation of therapy, objective improvement should have been obvious by 10/4/01. The initial chiropractic examination was performed on 9/10/01. Visual analog scale rating during the entire period of time was from 6/10 on 9/11/01 and was 7/10 on 10/4/01. Examination was unchanged. There was no documentation of significant increases in measured range of motion or manual muscle testing. Both active and passive physical therapy was utilized. Additionally, the same poor compliance noted by the physicians initially treating the claimant were apparent in the treatment provided by ____, which included a gap in treatment from 9/24/01 to 10/3/01. Provided treatment notes subsequent to 10/4/01 confirm that further care was not medically necessary. Compliance issues persist along with a lack of documentation of objective improvement. Visual analog scale rating in January was no better than on 9/11/01, the day after the initial evaluation.