

MDR Tracking Number: M5-03-0192-01

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 the physical therapy services rendered from 10-23-01 to 2-11-01 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

The IRO concluded that 25% of joint mobilizations (97265) rendered to patient from 10/23/01 through 2/11/02 were medically necessary. Based upon the Table of Disputed Services the requestor rendered 33 joint mobilizations from 10/23/01 through 2/11/02. Therefore, the requestor is entitled to reimbursement of 8 – 97265. The MAR for CPT code 97265 is \$43.00. $8 \times \$43.00 = \344.00 .

Consequently, the commission has determined that **the requestor did not prevail** on the majority of the medical fees (\$344.00). 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.

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 April 22, 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 (Maximum Allowable Reimbursement)	Reference	Rationale
10-23-01 10-24-01 10-26-01 10-30-01 10-31-01 11-1-01 11-2-01	97110	\$140.00	\$0.00	F	\$35.00/15 min	Medicine GR (I)(A)(9)(b) and (I)(C) 9)	The requestor did not document 1 to 1 supervision. Reimbursement is not recommended.

11-5-01 11-6-01 11-7-01 11-8-01 11-13-01 11-14-01 11-15-01 11-21-01 11-23-01 11-26-01 11-27-01 11-28-01 11-29-01 12-3-01 12-4-01 12-5-01 12-6-01 12-10-01 12-11-01 12-12-01 12-13-01							
10-23-01	95851	\$36.00	\$0.00	G	\$36.00	CPT code Description	On this date the requestor billed for office visits and physical therapy services. Range of Motion tests are not global to these services. Report supports billed service; reimbursement of \$36.00 is recommended.
10-25-01 10-29-01 11-19-01 11-20-01 12-7-01	97110	\$105.00	\$0.00	F	\$35.00/15 min	Medicine GR (I)(A)(9)(b) and (I)(C) 9)	The requestor did not document 1 to 1 supervision. Reimbursement is not recommended.
12-3-01	97750	\$43.00	\$0.00	G	\$43.00	CPT code Description	On this date the requestor billed for office visits and physical therapy services. Muscle tests are not global to these services. Report supports billed service; reimbursement of \$43.00 is

							recommended.
12-20-01 12-27-01 1-10-02 1-16-02 2-11-02 3-4-02	99213	\$48.00	\$0.00	No EOB	\$48.00	CPT code Description	EOBs were not submitted; therefore, services will be reviewed per MFG. The requestor supported billing for office visits from 12-20-01 to 1-16-02. Therefore, reimbursement of 4 X \$48.00 = \$192.00 is recommended. Reports for the last two dates were not submitted; therefore, reimbursement is not recommended for these two.
1-10-02	97546	\$307.20	\$51.20	No EOB	\$51.20/hr for Non-CARF	Medicine GR (II)(E)	EOBs were not submitted; therefore, services will be reviewed per MFG. Work hardening report supports treatment from 8:00 to 4:00 = 7 hours. 7 X \$51.20 = \$358.40. The requestor is seeking reimbursement of \$265.00. Reimbursement of \$265.00 is recommended.
TOTAL		\$4619.20					The requestor is entitled to reimbursement of \$536.00.

This Decision is hereby issued this 18th day of June 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Order.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$880.00 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 10-23-01 through 3-4-02 in this dispute.

This Order is hereby issued this 18th day of June 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

December 20, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0192-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is ___. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on ___ external review panel. ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a gentleman who sustained a work related injury on ___ to his lumbar spinal region while attempting to lift a heavy box. The diagnosis for this patient was lumbar disc displacement. An MRI confirmed this diagnosis. Treatment included passive and active therapy and work hardening. He was also given a piece of durable medical equipment that helped speed his recovery by controlling muscle spasms, decreasing pain, and increasing blood flow to the injured area.

Requested Services

Joint mobilization from 10/23/01 through 2/11/02.

Decision

The Carrier's denial of coverage for these services is partially overturned.

Rationale/Basis for Decision

___ chiropractor reviewer noted that after reviewing the medical records provided that this patient was treated with chiropractic care for a work related injury to his lumbar spinal area. ___ chiropractor reviewer also noted that the medical records indicated the patient received the same services on most office visits. ___ chiropractor reviewer further noted that joint mobilization was performed on most office visits along with other services as well. ___ chiropractor reviewer explained that the need for joint mobilization can not be clinically justified on every office visit. ___ chiropractor also explained that the clinical documentation did not justify all joint mobilizations rendered to this patient. Therefore, ___ chiropractor reviewer concluded that 25% of joint mobilizations rendered to this patient from 10/23/01 through 2/11/02 were medically necessary. ___ chiropractor reviewer further concluded that 75% of the joint mobilizations rendered to this patient from 10/23/01 through 2/11/02 were not medically necessary.

Sincerely,