

MDR Tracking Number: M5-03-0470-01

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 physical therapy, office visits, durable medical equipment rendered from 3-4-02 to 6-14-02 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.

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 June 13, 2002, 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:

Services that were denied without an EOB will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
3-4-02	99204	\$155.00	\$0.00	No EOB	\$106.00	CPT code description	Progress note supports billed service, reimbursement of \$106.00 is recommended.
3-4-02	97110 (2 units)	\$102.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	Progress Note does not support 1 to 1 supervision per MFG. No reimbursement is recommended.
3-4-02 3-20-02	97010	\$17.00	\$0.00	No EOB	\$11.00	CPT code description	Progress note documents cold pack. Reimbursement of 2 dates X \$11.00

							= \$22.00. is recommended.
3-13-02	97110 (2 units)	\$102.00	\$33.25	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	Amount in dispute is \$36.75. Progress Note does not support 1 to 1 supervision per MFG. No reimbursement is recommended.
3-14-02	97032 (2 units)	\$66.00	\$41.80	No EOB	\$22.00 / 15 min	CPT code description	Electric stimulation - Amount in dispute is \$2.20. Progress note supports two units. The requestor is entitled to reimbursement of \$2.20, the difference between amount paid and amount due per MFG.
3-14-02	97110 (3 units)	\$153.00	\$33.25	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	Amount in dispute is \$71.75. Progress Note does not support 1 to 1 supervision per MFG. No reimbursement is recommended.
3-13-02 3-14-02	A4558	\$23.00	\$0.00	No EOB	DOP	General Instructions GR (IV)	Conductive paste/gel - The requestor did not document this service. No reimbursement is recommended.
3-18-02	A4558	\$23.00	\$0.00	G	DOP		Conductive paste/gel - The requestor did not document that this service was over and above the usual necessary to render physical therapy service. No reimbursement is recommended.
3-20-02	97032	\$35.00	\$0.00	No EOB	\$22.00 / 15 min	CPT code description	Progress note documents electric stimulation. Reimbursement of \$22.00 is recommended.
3-20-02	97035	\$35.00	\$0.00	No EOB	\$22.00 / 15 min	CPT code description	Ultrasound Progress note documents Ultrasound. Reimbursement of \$22.00 is recommended.
3-20-02	97110 (4 units)	\$255.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	Progress Note does not support 1 to 1 supervision per MFG. No reimbursement is recommended.
TOTAL							The requestor is entitled to reimbursement of \$174.20.

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 \$174.0 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 3-4-02 through 6-14-02 in this dispute.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 3, 2003

Re: IRO Case # M5-03-0470-01

Texas Worker's Compensation Commission:

___ 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 ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ 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 Physical Medicine and Rehabilitation. 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 ___ 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 ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 52 year old female who on ___, while working as a nurses aide, was attempting to transfer a patient from a chair to a shower when she felt an acute onset of pain in her back. She continued to work for two weeks, and sought medical treatment on ___. The patient was diagnosed with cervical and lumbar strain. She was started on anti-inflammatory medication and physical therapy. She was discharged from physical therapy on 9/28/01. X-rays of the lumbar spine on 9/13/01 showed spondylosis at L3-L5 with disk space height loss at L4-S1. An MRI of the cervical spine on 12/12/01 showed central disk herniation at the C4-5 and C5-6 levels causing anterior CSF space effacement with lateral recess stenosis, and no evidence of neural foraminal stenosis. An MRI of the lumbar spine on 12/12/01 revealed a mild annular disk bulge at L4-5.

The patient restarted physical therapy in March 2002 and continued for over three months

until June, 2002. None of the records provided for this review explain the need for additional, prolonged treatment.

Requested Service(s)

Office visits, physical therapy, DME 3/4/02-6/14/02

Decision

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

Rationale

The patient's injury occurred on _____. She was diagnosed with cervical and lumbar strain, and she was successfully treated with medication and physical therapy until 9/28/02. Physical therapy was restarted in June, 2002 and lasted over three months with a frequency of 3-5 days per week. None of the documentation provided for this review supports the need for this intense or prolonged a physical therapy plan 7 months after the original injury.

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

Sincerely,