

MDR Tracking Number: M5-03-0522-01

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 office visits, physical therapy services and diagnostic studies rendered from 6-11-02 to 7-24-02 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.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
6-11-02 6-18-02	97032 (2 units)	\$44.00	\$0.00	U	\$22.00/ 15 min	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 2 dates X \$44.00 = \$88.00 is recommended.
6-11-02 6-13-02 7-9-02	97035	\$22.00	\$0.00	U	\$22.00 / 15 min	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 3 dates X \$22.00 = \$66.00 is recommended.
6-11-02 6-13-02 6-17-02	97110 (3 units)	\$105.00	\$0.00	U	\$35.00 / 15 min	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 3 dates X \$105.00 = \$315.00 is recommended.
6-13-02 6-17-02	97032	\$22.00	\$0.00	U	\$22.00/ 15 min	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 2 dates X \$22.00 = \$44.00 is recommended.
6-17-02	97035 (2 units)	\$44.00	\$0.00	U	\$22.00 / 15 min	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of \$44.00 is recommended.
6-18-02	97530	\$70.00	\$0.00	U	\$35.00 / 15 min	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of \$70.00 is recommended.

7-5-02 7-24-02	99213	\$48.00	\$0.00	U	\$48.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 2 dates X \$48.00 = \$96.00 is recommended.
TOTAL		\$1543.00					The requestor is entitled to reimbursement of <b>\$723.00</b> .

The IRO concluded that the office visits, therapeutic exercises and activities, ultrasound therapy and electrical stimulation were medically necessary. However, the sensory nerve conduction tests and the special reports were not medically necessary.

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

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees (\$723.00). 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 \$650.00** for the paid IRO fee.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On June 16, 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:

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

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
6-11-02 6-13-02 6-17-02	95900WP	\$256.00 (4 nerves)	\$0.00	D	\$64.00 per nerve	CPT Code description Medicine GR (IV)	Nerve study reports supports billed service. Reimbursement is recommended of 3 dates X \$256.00 \$768.00.
6-20-02	99213	\$48.00	\$0.00	D	\$48.00	CPT Code description	Progress note supports billed service. Reimbursement is recommended of \$48.00.

7-2-02	97750FC	\$200.00 (2 hrs)	\$0.00	D	\$100.00 / hr	CPT Code description Medicine GR (I)(E)(2)(a)	FCE report supports billed service. Reimbursement is recommended of \$200.00.	
TOTAL		\$1108.80					The requestor is entitled to reimbursement of <b>\$1016.00.</b>	

This Decision is hereby issued this 22<sup>nd</sup> day of August, 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 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 6-11-02 through 7-24-02 in this dispute.

In accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee.

This Order is hereby issued this 22<sup>nd</sup> day of August, 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

Enclosure: IRO Decision

May 7, 2003

Re: Medical Dispute Resolution  
MDR #: M5-03-0522-01

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 physician who is Board Certified in Physical Medicine and Rehab.

Clinical History:

This 35-year-old male claimant injured his back in a work-related accident on \_\_\_\_.

Disputed Services:

Office visits, sensor nerve conduction test, therapeutic exercise & activities, ultrasound therapy, electrical stimulation and special reports during the period of 06/11/02 through 07/24/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that the office visits, therapeutic exercises and activities, ultrasound therapy and electrical stimulation were medically necessary. However, the sensory nerve conduction tests and the special reports were not medically necessary in this case.

Rationale for Decision:

Sensory nerve conduction threshold tests are largely inadequate for a diagnosis for neurogenic or myopathic disease. After reviewing each individual entry for both nerve conduction testing and sensory nerve conduction threshold testing, the reviewer is confident that these tests, taken in isolation and in the sporadic fashion in which they were performed, without evidence of wave from morphology or detailed electromyographic needle examination, are inconclusive.

The diagnosis of neurogenic and myopathic disease requires a concentrated effort at both motor and sensory nerve conduction, as well as motor unit action potential evaluation in each questioned limb, for a definitive conclusion. Medical literature firmly supports this fact. Sensory nerve conduction threshold testing is not a commonly accepted and tested modality by the American Association of Electrodiagnostic Medicine.

The office visits, therapeutic exercise and activities, ultrasound therapy and electrical stimulation are modalities and manipulations,

as described in the records provided, were largely adequate in both selection and frequency.

I am the \_\_\_\_\_, 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.

Sincerely,