

MDR Tracking Number: M5-03-0856-01

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, 2003 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 total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare; therefore, the **requestor did not prevail** in the IRO decision. 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 the only issue** to be resolved.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
7/9/02	97110 97265 97124 97035 97032 97010	\$ 70.00 \$ 43.00 \$ 28.00 \$ 22.00 \$ 22.00 \$ 11.00	0.00	U	\$35.00 ea 15 min \$43.00 \$28.00 ea 15 min \$22.00 ea 15 min \$22.00 ea 15 min \$11.00	IRO decision	The IRO deemed the physical medicine sessions from 7/9/02 through 8/2/02 to be medically necessary.
7/10/02	97110 97265 97124 97035 97032 97010	\$ 70.00 \$ 43.00 \$ 28.00 \$ 22.00 \$ 22.00 \$ 11.00	0.00	U	\$35.00 ea 15 min \$43.00 \$28.00 ea 15 min \$22.00 ea 15 min \$22.00 ea 15 min \$11.00		Requestor billed a combination of six modalities, procedures, and/or physical medicine activities and training. . Per the MFG Medicine ground rules, a physical medical session is any combination of four modalities, procedures, and/or physical medicine activities and training. Therefore, recommend reimbursement for the first four combination of modalities, procedures, and/or physical medicine activities and training: \$70.00 + \$43.00 + \$28.00 + \$22.00 = \$163.00 x 11 days = \$1,793.00.
7/11/02	97110 97265 97124 97035 97032 97010	\$ 70.00 \$ 43.00 \$ 28.00 \$ 22.00 \$ 22.00 \$ 11.00	0.00	U	\$35.00 ea 15 min \$43.00 \$28.00 ea 15 min \$22.00 ea 15 min \$22.00 ea 15 min \$11.00		
7/15/02	97110 97265 97124 97035 97032 97010	\$ 70.00 \$ 43.00 \$ 28.00 \$ 22.00 \$ 22.00 \$ 11.00	0.00	U	\$35.00 ea 15 min \$43.00 \$28.00 ea 15 min \$22.00 ea 15 min \$22.00 ea 15 min \$11.00		
7/17/02	97110 97265 97124 97035 97032 97010	\$ 70.00 \$ 43.00 \$ 28.00 \$ 22.00 \$ 22.00 \$ 11.00	0.00	U	\$35.00 ea 15 min \$43.00 \$28.00 ea 15 min \$22.00 ea 15 min \$22.00 ea 15 min \$11.00		

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
7/19/02	97110 97265 97124 97035 97032 97010	\$ 70.00 \$ 43.00 \$ 28.00 \$ 22.00 \$ 22.00 \$ 11.00	0.00	U	\$35.00 ea 15 min \$43.00 \$28.00 ea 15 min \$22.00 ea 15 min \$22.00 ea 15 min \$11.00	IRO Decision	The IRO deemed the physical medicine sessions from 7/9/02 through 8/2/02 to be medically necessary. See above Rationale
7/23/02	97110 97265 97124 97035 97032 97010	\$ 70.00 \$ 43.00 \$ 28.00 \$ 22.00 \$ 22.00 \$ 11.00	0.00	U	\$35.00 ea 15 min \$43.00 \$28.00 ea 15 min \$22.00 ea 15 min \$22.00 ea 15 min \$11.00		
7/25/02	97110 97265 97124 97035 97032 97010	\$ 70.00 \$ 43.00 \$ 28.00 \$ 22.00 \$ 22.00 \$ 11.00	0.00	U	\$35.00 ea 15 min \$43.00 \$28.00 ea 15 min \$22.00 ea 15 min \$22.00 ea 15 min \$11.00		
7/26/02	97110 97265 97124 97035 97032 97010	\$ 70.00 \$ 43.00 \$ 28.00 \$ 22.00 \$ 22.00 \$ 11.00	0.00	U	\$35.00 ea 15 min \$43.00 \$28.00 ea 15 min \$22.00 ea 15 min \$22.00 ea 15 min \$11.00		
7/29/02	97110 97265 97124 97035 97032 97010	\$ 70.00 \$ 43.00 \$ 28.00 \$ 22.00 \$ 22.00 \$ 11.00	0.00	U	\$35.00 ea 15 min \$43.00 \$28.00 ea 15 min \$22.00 ea 15 min \$22.00 ea 15 min \$11.00		
8/1/02	97110 97265 97124 97035 97032 97010	\$ 70.00 \$ 43.00 \$ 28.00 \$ 22.00 \$ 22.00 \$ 11.00	0.00	U	\$35.00 ea 15 min \$43.00 \$28.00 ea 15 min \$22.00 ea 15 min \$22.00 ea 15 min \$11.00		
8/5/02 through 9/6/02	97110 97265 97124 97035 97032 97010	\$ 70.00 x 15 \$ 43.00 x 15 \$ 28.00 x 15 \$ 22.00 x 15 \$ 22.00 x 15 \$ 11.00 x 15	0.00	U	\$35.00 ea 15 min \$43.00 \$28.00 ea 15 min \$22.00 ea 15 min \$22.00 ea 15 min \$11.00	IRO Decision	The IRO deemed the physical medicine sessions from 8/5/02 through 9/6/02 to be not medically necessary. Therefore, no reimbursement is recommended.
TOTAL		\$4,238.00	0.00				The requestor is entitled to reimbursement of \$1,793.00.

The above Findings and Decision are hereby issued this 18th day of March 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

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 7-9-02 through 9-6-02 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 18th day of March 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dzt

February 26, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0856-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. 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 physician on the ___ external review panel. This physician is board certified in physical medicine and rehabilitation. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician 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, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 36 year-old female who sustained a work related injury to her lower back and neck on _____. The patient reported that she was moving a heavy bookshelf when the shelf fell making her fall into a sitting position. The patient reported that the shelf landed on her left leg. The patient reported pain in her left shoulder, left hand, arm and left posterolateral leg with lower back pain and numbness to her leg and ankle. The patient had X-Rays and an MRI, and referred to physical therapy beginning 6/8/02 through 9/6/02. The patient was also referred to a spine clinic on 7/18/02 where epidural injections were recommended. The initial diagnosis was degenerative disc disease. The patient was also diagnosed with an HNP at L5-S1.

Requested Services

Physical medicine treatment, joint mobilization, ultrasound therapy, and electrical stimulation from 7/9/02 through 9/6/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

Rationale/Basis for Decision

The ____ physician reviewer noted that per physical therapy evaluation of ____ the patient sustained a cervical and left shoulder strain secondary to a work injury. The ____ physician reviewer explained that the patient had physical therapy through 6/26/02 for the left cervical, upper trapezius and shoulder regions. The ____ physician reviewer noted that the patient complained of left hip pain and therefore was treated with physical therapy through 9/6/02 for all areas of injury. The ____ physician reviewer also noted that the initial evaluation on 6/8/02 documented that the patient's range of motion was within normal limits. However, the ____ physician reviewer explained that the patient was complaining of increased neck pain with right shoulder rotation and the use of the left shoulder was limited by pain. The ____ physician reviewer noted that on 7/9/02 the documentation indicated that the patient had normal flexion, extension, right rotation and bilateral side bending with left rotation of 10 degrees. The ____ physician reviewer also noted that by 7/17/02 there were slow gains of mild increases of range of motion. The ____ physician reviewer further noted that the patient's pain complaints in her cervical and shoulder region were initially 5/10, but ranged from 3/5 to 5/5 from session to session. The ____ physician reviewer explained that the complaints of pain decreased to 3/10 routinely by 8/02. However, the ____ physician reviewer indicated that the patient's hip and thigh pain was initially 4-5/10 and remained at 5/10 through discharge on 9/6/02. The ____ physician reviewer noted that the patient was to begin physical therapy on 7/18/02 for strengthening. The ____ physician reviewer explained that the physical therapy was producing some improvement with this patient's symptoms through 7/9/02. The ____ physician reviewer also explained that the patient had less than 2 weeks of therapy directed to her back and hip region, therefore physical therapy was indicated after 7/9/03. The ____ physician reviewer further explained that as of 8/2/02 the documentation did not show the patient making any major gains in progress. Therefore, the ____ physician consultant concluded that the physical medicine treatment, joint mobilization, ultrasound therapy, and electrical stimulation from 7/9/02 through 8/2/02 were medically necessary to treat this patient's condition. However, the ____ physician consultant

concluded that the physical medicine treatment, joint mobilization, ultrasound therapy, and electrical stimulation from 8/3/02 through 9/6/02 were not medically necessary to treat this patient's condition.

Sincerely,

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