

MDR Tracking Number: M5-03-0987-01

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 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.

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. There was one unresolved fee issue.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1-31-02	99214 99213MP 97250 97112 97014	\$ 75.00 \$ 50.0 \$ 45.00 \$ 40.00 \$ 20.00	0.00	U	\$71.00 \$48.00 \$43.00 \$35.00 ea 15 min \$15.00	96 MFG Med GR I A 10 a; I B 1 b;	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
2/4/02	99213MP 97112 97014 97012 97110	\$ 50.00 \$ 40.00 \$ 20.00 \$ 20.00 \$ 40.00	0.00	U	\$48.00 \$35.00 ea 15 min \$15.00 \$20.00 \$35.00 ea 15 min	96 MFG Med GR I A 10 a; I B 1 b;	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00 + \$ 35.00 = \$ 83.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
2/5/02	97110 97112 97014 97012	\$ 40.00 \$ 40.00 \$ 20.00 \$ 20.00	0.00	U	\$35.00 ea 15 min \$35.00 ea 15 min \$15.00 \$20.00	96 MFG Med GR I A 10 a; I B 1 b	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00 + \$

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
	99213MP	\$ 40.00			\$ 48.00		35.00 = \$ 83.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
2/8/02	99213MP 97110 97112 97014 97012	\$ 50.00 \$ 40.00 \$ 40.00 \$ 20.00 \$ 20.00	0.00	U	\$48.00 \$35.00 ea 15 min \$35.00 ea 15 min \$15.00 \$20.00	96 MFG Med GR I A 10 a; I B 1 b;	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00 + \$ 35.00 = \$ 83.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
2/12/02	99213MP 97110 97112 97530 (2) 97250	\$ 50.00 \$ 40.00 \$ 40.00 \$ 80.00 \$ 45.00	0.00	U	\$48.00 \$35.00 ea 15 min \$35.00 ea 15 min \$35.00 ea 15 min \$43.00	96 MFG Med GR I A 10 a; I B 1 b;	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00 + \$ 35.00 = \$ 83.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
2/13/02	99112 97014 97110 97530 (2) 97250	\$ 40.00 \$ 20.00 \$ 40.00 \$ 80.00 \$ 45.00	0.00	U	\$35.00 ea 15 min \$15.00 \$35.00 ea 15 min \$35.00 ea 15 min \$43.00	96 MFG Med GR I A 10 a; I B 1 b;	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00 + \$ 35.00 = \$ 83.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
2/15/02	99213MP 97110 97112 97530 (2) 97012	\$ 50.00 \$ 40.00 \$ 40.00 \$ 80.00 \$ 20.00	0.00	U	\$48.00 \$35.00 ea 15 min \$35.00 ea 15 min \$35.00 ea 15 min \$20.00	96 MFG Med GR I A 10 a; I B 1 b;	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00 + \$ 35.00 = \$ 83.00.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
							The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
2/18/02	99213MP 97110 (3) 97112 97530 (2) 97032	\$ 50.00 \$120.00 \$ 40.00 \$ 80.00 \$ 30.00	0.00	U	\$48.00 \$35.00 ea 15 min \$35.00 ea 15 min \$35.00 ea 15 min \$22.00	96 MFG Med GR I A 10 a; I B 1 b;	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00 + \$105.00 = \$153.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
2/20/02	97110 (3) 97112 97530 (2)	\$120.00 \$ 40.00 \$ 80.00	0.00	U	\$35.00 ea 15 min \$35.00 ea 15 min \$35.00 ea 15 min	96 MFG Med GR I A 10 a; I B 1 b;	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$105.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
2/22/02	99213 97110 (3) 97112 97530 (2) 97250	\$ 50.00 \$120.00 \$ 40.00 \$ 80.00 \$ 45.00	0.00	U	\$48.00 \$35.00 ea 15 min \$35.00 ea 15 min \$35.00 ea 15 min \$43.00	96 MFG E/M GR VI B; Med GR I A 10 a	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00 + \$105.00 = \$153.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
2/26/02	99213 97110 (3) 97112 97530 (2) 97250	\$ 50.00 \$120.00 \$ 40.00 \$ 80.00 \$ 45.00	0.00	U	\$48.00 \$35.00 ea 15 min \$35.00 ea 15 min \$35.00 ea 15 min \$43.00	96 MFG E/M GR VI B; Med GR I A 10 a	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00 + \$105.00 = \$153.00.

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							The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
3/1/02	99213 97110 (3) 97112 97530 (2) 97250	\$ 50.00 \$120.00 \$ 40.00 \$ 80.00 \$ 45.00	0.00	U	\$48.00 \$35.00 ea 15 min \$35.00 ea 15 min \$35.00 ea 15 min \$43.00	96 MFG E/M GR VI B; Med GR I A 10 a	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00 + \$105.00 = \$153.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
3/4/02	99213MP 97110 (3) 97112 97530 (2) 97250	\$ 50.00 \$120.00 \$ 40.00 \$ 80.00 \$ 45.00	0.00	U	\$48.00 \$35.00 ea 15 min \$35.00 ea 15 min \$35.00 ea 15 min \$43.00	96 MFG Med GR I A 10 a; I B 1 b	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00 + \$105.00 = \$153.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
3/7/02	99213 97110 (3) 97112 97530 (2) 97250	\$ 50.00 \$120.00 \$ 40.00 \$ 80.00 \$ 45.00	0.00	U	\$48.00 \$35.00 ea 15 min \$35.00 ea 15 min \$35.00 ea 15 min \$43.00	96 MFG E/M GR VI B; Med GR I A 10 a	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00 + \$105.00 = \$153.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
3/8/02	99213 97110 (3) 97112 97530 (2)	\$ 50.00 \$120.00 \$ 40.00 \$ 80.00	0.00	U	\$48.00 \$35.00 ea 15 min \$35.00 ea 15 min \$35.00 ea 15 min	96 MFG E/M GR VI B; Med GR I A 10	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00 +

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
	97250	\$ 45.00			\$43.00	a	\$105.00 = \$153.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
3/11/02	99214-25 97110 (3) 97112 97530 (2) 97250	\$ 75.00 \$120.00 \$ 40.00 \$ 80.00 \$ 45.00	0.00	U	\$71.00 \$35.00 ea 15 min \$35.00 ea 15 min \$35.00 ea 15 min \$43.00	96 MFG E/M GR VI B; Med GR I A 10 a	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$105.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
3/13/02	99213MP 97110 (3) 97112 97530 (2) 97250	\$ 50.00 \$120.00 \$ 40.00 \$ 80.00 \$ 45.00	0.00	U	\$48.00 \$35.00 ea 15 min \$35.00 ea 15 min \$35.00 ea 15 min \$43.00	96 MFG Med GR I A 10 a; I B 1 b	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00 + \$105.00 = \$153.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
3/15/02	99213 97110 (3) 97112 97530 (2) 97250	\$ 50.00 \$120.00 \$ 40.00 \$ 80.00 \$ 45.00	0.00	U	\$48.00 \$35.00 ea 15 min \$35.00 ea 15 min \$35.00 ea 15 min \$43.00	96 MFG E/M GR VI B; Med GR I A 10 a	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00 + \$105.00 = \$153.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
3/19/02 5/15/02	99213	\$ 40.00 \$ 40.00	0.00	U	\$ 48.00	96 E/M GR VI B	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend reimbursement of \$ 48.00 x 2 = \$ 96.00.
3/26/02	99213MP 97110 97112	\$ 50.00 \$ 40.00 \$ 40.00	0.00	U	\$48.00 \$35.00 ea 15 min \$35.00 ea 15 min	96 MFG Med GR I A 10 a; I B	The IRO deemed 99213, 99213MP, and 97110 as medically necessary. Recommend

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
	97530 (2)	\$ 80.00			\$35.00 ea 15 min	1 b	reimbursement of \$ 48.00 + \$ 35.00 = \$ 83.00. The IRO deemed 99214, 97250, 97112, 97014, 97012, 97032, and 97530 as not medically necessary. No reimbursement recommended for these services.
9/24/02	99090	\$110.00	0.00	No EOB	\$108.00	96 MFG Med GR; CPT descriptor	This code is for analysis of information data stored in computers (eg, ECGs, blood pressures, hematologic data). Documentation submitted was an MMI/IR report that ___ reviewed with the claimant. This type review is covered under MFG E/M GR XXII D 2. No reimbursement can be recommended for the billed code.
TOTAL		\$5,470.00	0.00				The requestor is entitled to reimbursement of \$2,312.00 .

On this basis, the total amount recommended for reimbursement (\$2,312.00) does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

The above Findings and Decision are hereby issued this 28th day of March 2003.

Dee Z. Torres
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 \$2,312.00 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 1-31-02 through 9-24-02 in this dispute.

This Order is hereby issued this 28th day of March 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/dzt

March 28, 2003, revised

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5 03 0987 01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic, The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ was unloading some heavy boxes in his job for an extended period of time. After one particular box he felt a pop in his low back and had a sudden onset of low back pain. He initially was treated for a sprain/strain by the company's provider and was prescribed medication. He also was treated with physical medicine along with home exercises. He had no improvement from the treatment or medications that I can find documented in the file. Light duty was recommended, and he was not allowed to return to his job due to the fact that the job restrictions were not available. ___ did seek care from ___ which included numerous chiropractic office visits with more physical medicine, both passive and active. MRI on this case revealed annular tearing at the L4-5 level and desiccation with a 2 mm herniation at L5-S1. Discogram was positive for provocation at the L4-5 level and the L5-S1 level. Surgery was performed by ___ in July, 2002.

DISPUTED SERVICES

The carrier is disputing services on this case to include office visits with manipulation, office visits without manipulation, myofascial release, neuromuscular reeducation, electrical stimulation, therapeutic activities and exercises, and mechanical traction which were rendered from January 31, 2002 to May 15, 2002.

DECISION

The reviewer agrees with the prior adverse determination in part and disagrees in part.

Extended office visits (99214), myofascial release (97250), neuromuscular re-education (97112), electrical stimulation (97014), mechanical traction (97012), therapeutic activities, one-on-one (97530) and manual electrical stimulation (97032) are found not to be necessary.

Office visits with manipulation (99213-mp), office visits without manipulation (99213) and therapeutic procedures (97110) are found to be reasonable and necessary.

BASIS FOR THE DECISION

Extended office visits require a problem of high-to-moderate severity and the doctor usually spends 40 minutes with the patient. No documentation exists that would explain the reasoning for such an office visit on either occasion for which billing is found.

Myofascial release, neuromuscular re-education, electrical stimulation and manual electrical stimulation are found to not be documented for medical necessity in that the previous treating doctor performed similar treatment lacking results, and no results are documented by the treating doctor. It would be very difficult to accept that this treatment was performed efficiently using the documentation presented. Considering the case history, at the point this treatment was rendered, I couldn't not find this treatment to be reasonable.

One-on-one therapeutic activities require documentation that the patient not only was directly under the care of the doctor during the time of the treatment, but also that such intense treatment was reasonable and necessary. No such documentation was found. The documentation presented was of the "travel card" variety and was the same as all other days of service.

Office visits with manipulation (99213-mp) are found to be reasonable as are office visits (99213) without manipulation. Therapeutic exercise is also found to be reasonable in this case. Both the office visits and the therapeutic exercise could be useful in attempting to return this patient to a productive workplace and such treatment is consistent with a conservative effort to help the patient return to work. While the effort was unsuccessful, reasonable clinical protocol requires that the patient be given an effort to rehabilitate such an injury. The Texas Guidelines for Quality Assurance would agree that such treatment is reasonable and necessary in this patient.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,