

MDR Tracking Number: M5-03-0993-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General 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. This dispute was received on 12-17-02.

The IRO reviewed chiropractic treatment, testing, DME items, supplies rendered from 1-24-02 through 7-16-02 that were denied based upon “V”.

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
1-24-02	99205	\$160.00	\$0.00	V	\$137.00	Section 408.021(a)	IRO concluded these services were medically necessary, reimbursement is recommended per MFG.
1-24-02	99080-61	\$70.00	\$0.00	V	\$70.00		
1-24-02 3-14-02	95851 (2 tests)	\$80.00	\$0.00	V	\$36.00 per test X 2 = \$72.00 X 2 dates = \$144.00		
1-24-02 3-14-02	97750MT	\$172.00	\$0.00	V	\$43.00 / body area X 4 body areas = \$172.00 X 2 dates = \$344.00		
1-28-02 1-30-02 2-1-02 2-4-02 2-8-02 2-13-02 2-15-02 2-18-02 2-20-02 2-22-02 2-25-02 2-27-02 3-1-02 3-6-02 3-8-02 3-22-02 3-25-02 3-27-02 4-1-02	99213	\$50.00	\$0.00	V	\$48.00 X 18 dates = \$864.00		

1-28-02 1-30-02 2-1-02 2-4-02 2-8-02 2-13-02 2-15-02 2-18-02 2-20-02 2-22-02 2-25-02 2-27-02 3-1-02 3-6-02 3-8-02 3-22-02 3-25-02 3-27-02 4-1-02	97265	\$43.00	\$0.00	V	\$43.00 X 18 dates = \$774.00	Section 408.021(a)	IRO concluded these services were medically necessary, reimbursement is recommended per MFG.
2-1-02	97110 (4 units)	\$140.00	\$0.00	V	\$35.00 / 15 min		
2-4-02	97110 (6 units)	\$210.00	\$0.00	V	\$35.00 / 15 min		
2-8-02	97110 (7 units)	\$245.00	\$0.00	V	\$35.00 / 15 min		
2-13-02 2-15-02 2-18-02 2-20-02 2-22-02 2-25-02 2-27-02 3-1-02 3-6-02 3-8-02 3-22-02 3-25-02 3-27-02 4-1-02	97110 (8 units)	\$280.00	\$0.00	V	\$35.00 / 15 min X 8 = \$280.00 X 13 dates = \$3640.00		
2-15-02 2-22-02 2-27-02 3-1-02	97150	\$27.00	\$0.00	V	\$27.00		
3-14-02	99215	\$125.00	\$0.00	V	\$103.00		
3-14-02	99080-73	\$15.00	\$0.00	V	\$15.00		
3-15-02	99214	\$75.00	\$0.00	V	\$71.00		
3-18-02	99211	\$20.00	\$0.00	V	\$18.00		

The IRO concluded that the dynatron test, range of motion testing, therapeutic exercises, group therapeutic procedure on 1-24-02 through 3-27-102, 4-12-02 and 5-22-02 though 7-16-02 were medically necessary. In addition, office visits with special reports and joint mobilization on 1-24-02 though 4-18-02 were medically necessary. The IRO concluded that the muscle testing on 2-19-02, 3-5-02, 3-20-02, and 4-12-02 were not medically necessary. In addition, the myofascial release, analgesic balm, cyopack, and electrical stimulation were not medically necessary and the office visits and joint mobilization after 4-18-02 were not medically necessary.

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees. 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 \$460.00** for 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.

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:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
4-1-02 4-3-02 4-5-02	99213	\$50.00	\$0.00	No EOB	\$48.00 X 18 dates = \$864.00	Evaluation & Management GR (IV)	SOAP notes support billed service per MFG, reimbursement is recommended of 3 dates X \$48.00= \$144.00.
4-1-02 4-3-02 4-5-02	97265	\$43.00	\$0.00	No EOB	\$43.00 X 18 dates = \$774.00	CPT Code Descriptor	SOAP notes support billed service per MFG, reimbursement is recommended of 3 dates X \$43.00= \$129.00.
4-1-02 4-3-02 4-5-02	97110 (8 units)	\$280.00	\$0.00	No EOB	\$35.00 / 15 min X 8 = \$280.00 X 13 dates = \$3640.00	Medicine GR (I)(A)(9)(b)	SOAP notes support billed service per MFG, reimbursement is recommended of 3 dates X \$280.00= \$840.00.
4-3-02 4-5-02	97150	\$27.00	\$0.00	No EOB	\$27.00	CPT Code Descriptor	SOAP notes support billed service per MFG, reimbursement is recommended of 2 dates X \$27.00= \$54.00.
4-1-02 4-3-02 4-5-02	97250	\$43.00	\$0.00	No EOB	\$43.00	CPT Code Descriptor	SOAP notes support billed service per MFG, reimbursement is recommended of 3 dates X \$43.00= \$129.00.
4-1-02 4-3-02 4-5-02	97014	\$17.00	\$0.00	No EOB	\$15.00	CPT Code Descriptor	SOAP notes support billed service per MFG, reimbursement is recommended of 3 dates X \$15.00= \$45.00.
4-5-02	99070	\$8.00	\$0.00	No EOB	DOP	General Instructions GR (IV)	SOAP notes supports claimant was given Analgesic Balm. Reimbursement of \$8.00 is recommended.
4-18-02	99215	\$125.00	\$0.00	L	\$103.00	Rule 133.3 Rule 126.9	TWCC approved claimant's request to change treating doctors on 1-25-02. 4-18-02

							report supports billed service, reimbursement is recommended of \$103.00.
4-18-02	95851 (2 tests)	\$80.00	\$0.00	L	\$36.00 per test X 2 = \$72.00	Rule 133.3 Rule 126.9	TWCC approved claimant's request to change treating doctors on 1-25-02. Thoracic and Lumbar ROM reports support billed service, reimbursement of \$72.00 is recommended.
4-18-02	97750MT	\$86.00	\$0.00	L	\$43.00 / body area	Rule 133.3 Rule 126.9 Medicine GR (I)(E)(3) (I)(D)(1)(e)	TWCC approved claimant's request to change treating doctors on 1-25-02. Muscle testing report supports testing of 1 body area, reimbursement of \$43.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$1567.00.

This Decision is hereby issued this 2nd day of October 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 1-24-02 through 7-16-02 in this dispute.

This Order is hereby issued this 2nd day of October 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

March 19, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0993-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating 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 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 this case.

Clinical History

This patient sustained a work-related injury on ___ when she fell 3 feet from a 4-foot ladder. She landed on her back, striking her head on the floor. The patient experienced immediate pain in her low back and hips. X-rays of the spine were negative for fractures and she was diagnosed with thoracic sprain/strain and sacroiliac joint sprain/strain and sacral contusion. A CT myelogram of the lumbar spine performed on 06/14/01 revealed a L4-5 disc protrusion. The patient was under the care of a chiropractor and received office visits, special reports, range of motion testing, dynatron test, large cryopack, analgesic balm, joint mobilization, electrical stimulation, myofascial release, therapeutic exercises, group therapeutic procedure, and muscle testing, on 01/24/02 through 03/27/02, 04/12/02 and 05/22/02 through 07/16/02.

Requested Service(s)

Office visits, special reports, range of motion testing, dynatron test, large cryopack, analgesic balm, joint mobilization, electrical stimulation, myofascial release, therapeutic exercises, group therapeutic procedure, and muscle testing, on 01/24/02 through 03/27/02, 04/12/02 and 05/22/02 through 07/16/02.

Decision

It is determined that the dynatron test, range of motion testing, therapeutic exercises, group therapeutic procedure on 01/24/02 through 03/27/02, 04/12/02 and 05/22/02 through 07/16/02 were medically necessary. In addition, office visits with special reports and joint mobilization on 01/24/02 through 04/18/02, were medically necessary to treat this patient's condition.

It is determined that the muscle testing on 02/19/02, 03/05/02, 03/20/02, and 04/12/02 were not medically necessary. In addition, the myofascial release, analgesic balm, cryopack, and electrical stimulation were not medically necessary and the office visits and joint mobilization after 04/18/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient had a benefit review conference that determined her injury was compensable through 10/18/02 and that she was not at maximum medical improvement. The patient received treatments from the chiropractor that consisted of an office visit, joint mobilization, myofascial release, electrical stimulation, therapeutic exercises, and/or group therapy from 01/28/02 through 04/05/02. The patient also received Delorme muscle testing on 02/19/02, 03/05/02, 03/20/02, and 04/12/02. She received Dynatron testing on 01/24/02, 03/14/02, and 04/18/02. Thoracic and lumbar range of motion evaluations were performed on 01/24/02, 03/14/02, and 04/18/02. Treatments after 04/05/02 consisted of an office visit, joint mobilization, and myofascial release.

The patient went to the chiropractor after a course of medical and physical therapy care and was evaluated on 01/24/02. The initial evaluation revealed normal motor, sensory and reflex findings, locally positive orthopedic test for lumbar pain, and a bilateral straight leg raise that was positive at 60 degrees. She had a medium physical demand level job prior to her injury and she was diagnosed with a lumbar intervertebral disc syndrome without myelopathy, thoracic sprain/strain, deconditioning syndrome, and myofascial pain syndrome. The initial evaluation by the chiropractor included a physical examination, dynatron testing, and range of motion testing. Dynatron testing was repeated on 03/14/02 and 04/18/02.

The records indicated that the patient was at the light physical demand level of performance on 01/24/02. She was at the light-medium physical demand level on 03/14/02 and was at the medium physical demand level for physical performance on 04/18/02. The patient underwent lumbar range of motion testing on 01/23/02, 03/14/02 and 04/18/02.

The use of myofascial release and electrical stimulation was not medically necessary. The use of the cryopack was not medically necessary. The Philadelphia Panel found that therapeutic exercises were found to be beneficial for chronic, subacute, and post-surgery low back pain. Continuation of normal activities was the only intervention with beneficial effects for acute low back pain. For several interventions and indications (e.g., thermotherapy, therapeutic ultrasound, massage, electrical stimulation), there was a lack of evidence regarding efficacy. Reference: "Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Low Back Pain", Physical Therapy, 2001; 82:1641-1674.

The Agency for Health Care Policy and Research: Clinical Practice Guideline Number 14, "Acute Low Back Problems In Adults" indicates that "the use of physical agents and modalities in the treatment of acute low back problems is of insufficiently proven benefit to justify its cost. They did note that some patients with acute low back problems appear to have temporary symptomatic relief with physical agents and modalities. Therefore, the use of passive physical therapy modalities (hot/cold packs, electrical stimulation) is not indicated after the first 2-3 weeks of care.

The Royal College of General Practitioners indicates that, although commonly used for symptomatic relief, these passive modalities (ice, heat, short wave diathermy, massage, and ultrasound) do not appear to have any effect on clinical outcomes. Reference: Royal College of General Practitioners, Clinical Guidelines for the management of Acute Low Back Pain, Review Date: December 2001.

The Delorme muscle testing on 02/19/02, 03/05/02, 03/20/02 and 04/12/02 was not medically necessary. The patient underwent Dynatron testing and thoracic/lumbar range of motion evaluations on 01/24/02, 03/14/02, and 04/18/02 and the muscle testing performed on 02/19/02, 03/05/02, 03/20/02 and 04/12/02 was not medically necessary and represented duplication of services already rendered.

Office visits, joint mobilization, and myofascial release after 04/18/02 were not medically necessary. The patient had a suitable course of chiropractic care and active rehabilitation and the continued use of passive therapies in a patient without an adequately documented response to treatment is not indicated. Current chiropractic treatment guidelines indicate that an adequate trial of care is defined as a course of two weeks each of different types of manual procedures (4 weeks total), after which, in the absence of documented improvements, manual procedures are no longer indicated. Reference: Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993. The patient has had a protracted course of care in excess of the parameters delineated by the above-mentioned document and has not demonstrated a favorable response to treatment.

Office visits, joint mobilization, and therapeutic exercises/group exercises rendered from 01/24/02 through 04/18/02 were medically necessary for the treatment of the patient, as the treatments resulted in functional improvements in the patient's back strength and range of motion to the level of her occupation prior to her injury.

Therefore, the dynatron test, range of motion testing, therapeutic exercises, group therapeutic procedure on 01/24/02 through 03/27/02, 04/12/02 and 05/22/02 through 07/16/02 were medically necessary. In addition, office visits with special reports and joint mobilization on 01/24/02 through 04/18/02, were medically

necessary. The muscle testing on 02/19/02/, 03/05/02, 03/20/02, and 04/12/02 were not medically necessary. In addition, the myofascial release, analgesic balm, cryopack, and electrical stimulation were not medically necessary and the office visits and joint mobilization after 04/18/02 were not medically necessary.

Sincerely,