

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-1278.M5

MDR Tracking Number: M5-03-1065-01

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 11-25-02.

The IRO reviewed office visits, physical therapy, muscle testing and physical performance testing rendered from 2-26-02 through 4-24-02 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
2-26-02 2-27-02 2-28-02 3-1-02 3-4-02 3-19-02 3-20-02 4-1-02 4-2-02 4-3-02 4-4-02 4-8-02 4-9-02 4-10-02 4-11-02 4-15-02 4-16-02 4-17-02 4-22-02 4-23-02 4-24-02	99213	\$48.00	\$0.00	V, U	\$48.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore, reimbursement in accordance with MFG (21 dates X \$48.00 = \$1008.00) is recommended.
2-26-02 2-27-02	97110 (4 units)	\$140.00	\$0.00	V	\$35.00 / 15 min	Section 408.021(a)	IRO concluded these services were medically necessary;

2-28-02 3-1-02 3-4-02 3-19-02 3-20-02 4-1-02 4-2-02 4-3-02 4-4-02 4-8-02							therefore, reimbursement in accordance with MFG (12 dates X \$140.00 = \$1680.00) is recommended.
4-9-02	97750MT	\$43.00	\$0.00	V	\$43.00 / body area	Section 408.021(a)	IRO concluded these services were medically necessary; therefore, reimbursement in accordance with MFG (\$43.00) is recommended.
2-26-02 3-4-02 3-19-02 4-1-02 4-8-02	97265	\$43.00	\$0.00	V	\$43.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore, reimbursement in accordance with MFG (5 dates X \$43.00 = \$215.00) is recommended.
2-26-02 3-4-02 3-19-02 4-1-02 4-8-02	97250	\$43.00	\$0.00	V	\$43.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore, reimbursement in accordance with MFG (5 dates X \$43.00 = \$215.00) is recommended.
TOTAL							The requestor is entitled to reimbursement per MFG (3161.00).

The IRO concluded that the following services were medically necessary: all of the office visits; therapeutic exercises both the quantity and frequency between the dates of 2-26-02 and 4-9-02; muscle testing rendered on 4-9-02; and joint mobilization and myofascial release one time per week from 2/25/02 through 4/9/02. All other services were found not to be medically necessary.

On this basis, the total amount recommended for reimbursement (\$3161.00) 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.

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 May 22, 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:

Neither party submitted EOBs for services denied without an EOB; therefore, the Medical Review Division will review these services based upon the Commission's *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
2-15-02	99204	\$106.00	\$0.00	R	\$106.00	Section 408.027(d)	The respondent did not file a TWCC-21 disputing entitlement; therefore, service will be reviewed in accordance with MFG. Report supports billed service, reimbursement of \$106.00 is recommended.
2-15-02	72040	\$51.00	\$0.00	R	\$51.00	Section 408.027(d)	The respondent did not file a TWCC-21 disputing entitlement; therefore, service will be reviewed in accordance with MFG. Report supports billed service, reimbursement of \$51.00 is recommended.
2-15-02	73110	\$60.00	\$0.00	R	\$60.00	Section 408.027(d)	The respondent did not file a TWCC-21 disputing entitlement; therefore, service will be reviewed in accordance with MFG. Report supports billed service, reimbursement of \$60.00 is recommended.
3-21-02	99213	\$48.00	\$0.00	R	\$48.00	Section 408.027(d)	The respondent did not file a TWCC-21 disputing entitlement; therefore, service will be reviewed in accordance with MFG. Report for 3-21-02 was not submitted; therefore, reimbursement is not recommended.
3-21-02	97265	\$43.00	\$0.00	R	\$43.00	Section 408.027(d)	
3-21-02	97250	\$43.00	\$0.00	R	\$43.00	Section 408.027(d)	
3-21-02	97110 (4 units)	\$140.00	\$0.00	R	\$35.00 / 15 min	Section 408.027(d)	
2-18-02 2-19-02 2-20-02 3-22-02 3-25-02	99213	\$48.00	\$0.00	No EOB	\$48.00	Evaluation & Management GR (IV)	SOAP note supports service billed per MFG for dates of service, 2-18, 2-19 and 2-20-02. Reimbursement is

3-26-02 3-27-02 3-28-02							recommended of 3 dates X \$48.00 = \$144.00. SOAP notes for remaining dates were not submitted to support billed service; therefore, reimbursement is not recommended for remaining dates.
2-18-02 2-19-02 2-20-02 3-22-02 3-25-02 3-26-02 3-27-02 3-28-02	97265	\$43.00	\$0.00	No EOB	\$43.00	CPT Code Description	SOAP note supports service billed per MFG for dates of service 2-19 and 2-20-02. Reimbursement is recommended of 2 dates X \$43.00 = \$86.00. SOAP note of 2-18-02 does not support billed service. SOAP notes for remaining dates were not submitted to support billed service; therefore, reimbursement is not recommended for remaining dates.
2-18-02 2-19-02 2-20-02 3-22-02 3-25-02 3-26-02 3-27-02 3-28-02	97250	\$43.00	\$0.00	No EOB	\$43.00	CPT Code Description	SOAP note supports service billed per MFG for dates of service 2-19 and 2-20-02. Reimbursement is recommended of 2 dates X \$43.00 = \$86.00. SOAP note of 2-18-02 does not support billed service. SOAP notes for remaining dates were not submitted to support billed service; therefore, reimbursement is not recommended for remaining dates.
2-18-02 2-19-02 2-20-02 3-22-02 3-25-02 3-26-02 3-27-02 3-28-02	97110 (4 units)	\$140.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	SOAP note 2-18, 2-19 and 2-20-02. do not support service billed per MFG, one to one supervision was not documented. Reimbursement is not recommended. SOAP notes for remaining dates were not submitted

							to support billed service; therefore, reimbursement is not recommended for remaining dates.
2-21-02 2-22-02 2-25-02	99213	\$48.00	\$0.00	L	\$48.00	Rule 126.9(c)(3)	The requestor indicated that the claimant had received treatment in the Emergency room after the accident, but had not received treatment from any other doctor prior to seeking treatment from them. Therefore, they were the claimant's treating doctor per Rule 126.9. The requestor noted that they contacted the TWCC and verified that they were the treating doctors. Because the adjuster continued to deny reimbursement based upon "L" a TWCC-53 was filed and approved. Therefore, reimbursement is recommended of 3 dates X \$48.00 = \$144.00.
2-21-02 2-22-02 2-25-02	97265	\$43.00	\$0.00	L	\$43.00	Rule 126.9(c)(3)	See rationale above. Reimbursement is recommended of 3 dates X \$43.00 = \$129.00.
2-21-02 2-22-02 2-25-02	97250	\$43.00	\$0.00	L	\$43.00	Rule 126.9(c)(3)	See rationale above. Reimbursement is recommended of 3 dates X \$43.00 = \$129.00.
2-21-02 2-22-02 2-25-02	97110 (4 units)	\$140.00	\$0.00	L	\$35.00 / 15 min	Rule 126.9(c)(3)	See rationale above. Reimbursement is recommended of 3 dates X \$140.00 = \$420.00.
2-18-02 3-28-02	95851	\$36.00	\$0.00	No EOB	\$36.00	Medicine GR (I)(E)(4)	Wrist ROM report supports billed service for both dates, reimbursement of 2 dates X \$36.00 = \$72.00.
2-19-02	97750MT	\$43.00	\$0.00	No EOB	\$43.00 / body area	Medicine GR (I)(E)(3)	Muscle testing report was not submitted to support billed service per MFG; therefore, no reimbursement is recommended.

2-25-02	E0235	\$498.00	\$0.00	L	DOP	General Instructions GR (III)	Report to support DOP was not submitted, therefore, no reimbursement is recommended.
TOTAL							The requestor is entitled to reimbursement of \$1499.00.

This Decision is hereby issued this 13th 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 2-15-02 through 4-24-02 in this dispute.

This Order is hereby issued this 13th day of October 2003.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

May 12, 2003

Rosalinda Lopez
 Texas Workers' Compensation Commission
 Medical Dispute Resolution
 4000 South IH-35, MS 48
 Austin, TX 78704-7491

Re: MDR #: M5-03-1065-01
 IRO Certificate No.: 5055

___ 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 Certified in Chiropractic Medicine.

Clinical History:

This female claimant fractured her left wrist/radius on ____ in a work-related accident. She went to the ER on 12/23/01 and on 01/18/02. She subsequently underwent chiropractic care to rehab the left wrist.

Disputed Services:

Office visits, physical therapy, muscle testing, physical performance tests and DME from 02/26/02 through 04/24/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer's opinion as to what treatments or testing were medically necessary in this case is specifically outlined below.

Rationale for Decision:

The office visits were all medically necessary, in that the doctor performed a brief exam, documenting objective findings, documenting case history or subjective complaints, and followed through on decision-making on every treatment date. The office visits documented objectively the need for therapeutic exercise for the dates of service 02/26/02 through 04/09/02.

Therapeutic exercises, both the quantity and frequency between the dates of 02/26/02 and 04/09/02, were medically necessary. This specific treatment was recommended by three medical doctors and the designated doctor, who all evaluated this patient in person. Objective findings support this treatment.

Muscle testing is an objective test that can be very useful to document patient progress and the need for further treatment or rehab. However, in reviewing the muscle testing results, it clearly shows that the patient/test results plateaued or reached a maximum output on 03/25/02, as the 04/09/02 test confirms.

This also coincides with the ROM study. Muscle strength values and ratios declined and skewed after the 03/25/02 test, which was evident on the 04/09/02 muscle test results. Muscle testing was medically necessary up to and including 04/09/02. Doctor's notes and treatment plan do not change, utilize or take into consideration the results of the 04/09/02 muscle test results.

In its application to the wrist, joint mobilization and myofascial release one time per week from 02/25/02 through 04/09/02 were medically necessary. The doctor's notes only documented the palmar region of the left wrist. No documentation of specific technique or area of application to support four times per week treatment was presented. The patient's response to these therapies was not documented in the doctor's notes. Quantitative and qualitative clinical overview without an assessment was not documented.

The PPT (Physical Performance Test) information provided does not meet the quality and quantity of PPT information to qualify it as medically necessary. The PPT would be medically necessitated for valuable information for return to work,

or to support further treatment recommendations. The PPT by work recovery, 4—standing work tolerance performance rating report, was sub-standard and may be only a small portion of what would be contained in a complete comprehensive PPT for the wrist. This PPT was not medically necessary.

The DME, an EMS unit, prescribed on 04/24/02, is a passive modality that is not supported by the treating doctor's notes or documented for its use. The type of EMS is described for the specific appropriate application for its use. This DME was not medically necessary in this case.

I am the Secretary and General Counsel of ___ 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,