

MDR Tracking Number: M5-03-1074-01

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 12-27-02.

The IRO reviewed chiropractic treatment rendered from 2-7-02 to 7-3-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. 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 not the only issue** to be resolved.

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

On April 17, 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, they will be reviewed in accordance with the Commission's *Medical Fee Guideline*.

Neither party submitted original EOBs for services denied with "O"; therefore, they will be reviewed in accordance with the Commission's *Medical Fee Guideline*.

| DOS | CPT CODE | Billed | Paid | EOB Denial Code | MAR\$ (Maximum Allowable Reimbursement) | Reference | Rationale |
|----------------------------|----------|---------|--------|-----------------|---|--------------------------|--|
| 3-7-02 9-6-02 9-9-02 | 97014 | \$35.00 | \$0.00 | No EOB | \$15.00 | CPT Code Description | Electric stimulation was documented in SOAP notes; therefore, reimbursement is recommended of 3 dates X \$15.00 = \$45.00. |
| 3-7-02 3-14-02 | 97112 | \$56.25 | \$0.00 | No EOB | \$35.00 / 15 min | Medicine GR (I)(A)(9)(b) | Neuromuscular reeducation was documented in |

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| | | | | | | | SOAP notes; however, the one to one supervision was not documented; therefore, no reimbursement is recommended. |
| 3-7-02 | 97530(X4) | \$280.00 | \$0.00 | No EOB | \$35.00 / 15 min | CPT Code Description | Therapeutic activities was not documented in SOAP notes; therefore, no reimbursement is recommended. |
| 3-14-02 | 97530(X2) | \$140.00 | \$0.00 | No EOB | \$35.00 / 15 min | CPT Code Description | Therapeutic activities was not documented in SOAP notes; therefore, no reimbursement is recommended. |
| 4-10-02 | 99212 | \$75.00 | \$0.00 | O | \$32.00 | Evaluation & Management GR (IV) | Physician notes supports service billed, reimbursement of \$32.00 is recommended. |
| 4-10-02 4-12-02 9-4-02 9-9-02 | 97010 | \$25.00 | \$0.00 | O | \$11.00 | CPT Code Description | SOAP note does not support service on 4-10 and 4-12-02. SOAP notes dated 9-4 and 9-9-02 support billed service per MFG; therefore, reimbursement of 2 dates X \$11.00 = \$22.00. |
| 4-10-02 | 97112 | \$56.25 | \$0.00 | O | \$35.00 / 15 min | Medicine GR (I)(A)(9)(b) | Neuromuscular reeducation was not documented in SOAP notes; therefore, no reimbursement is recommended. |
| 4-10-02 6-24-02 | 97530(X2) | \$140.00 | \$0.00 \$0.00 \$31.50 | O | \$35.00 / 15 min | CPT Code Description | Therapeutic activities was not documented in |

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| | | | | | | | SOAP notes; therefore, no reimbursement is recommended. |
| 9-6-02 | 97530(X2) | \$140.00 | \$31.50 | No EOB | \$35.00 / 15 min | CPT Code Description | Therapeutic activities was not documented in SOAP notes; therefore, no reimbursement is recommended. |
| 4-12-02 6-24-02 | 97250 | \$68.75 | \$0.00 | O | \$43.00 | CPT Code Description | Myofascial release was not documented in SOAP notes; therefore, no reimbursement is recommended. |
| 6-24-02 | 97035 | \$36.25 | \$0.00 | O | \$22.00 | CPT Code Description | Ultrasound was not documented in SOAP notes; therefore, no reimbursement is recommended. |
| 9-4-02 9-6-02 | 97035 | \$36.25 | \$0.00 | No EOB | \$22.00 | CPT Code Description | Ultrasound was documented in SOAP notes; therefore, reimbursement is recommended of 2 dates \$22.00 = \$44.00. |
| 9-4-02 | 97014 | \$35.00 | \$0.00 | O | \$15.00 | CPT Code Description | Electrical stimulation was documented in SOAP notes; therefore, reimbursement is recommended of \$15.00. |
| 9-4-02 | 97530(X4) | \$210.00 | \$31.50 | No EOB | \$35.00 / 15 min | CPT Code Description | Therapeutic activities was not documented in SOAP notes; therefore, no reimbursement is recommended. |
| 9-9-02 | 99203 | \$188.75 | \$0.00 | No EOB | \$74.00 | CPT Code Description Evaluation & Management | This code is for a new patient, claimant was an established patient; therefore, |

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| | | | | | | GR (I)(B) | requestor did not bill in accordance with MFG. The requestor submitted a medical consultation signed by a D.O. The notes do not clarify the relationship of the D.O.; therefore, no reimbursement is recommended. |
| 9-9-02 | 99080-73 | \$23.75 | \$0.00 | No EOB | \$15.00 | Rule 129.6(d) | Report was not submitted to support billed service; therefore, no reimbursement is recommended. |
| 9-9-02 | 97032 | \$45.00 | \$0.00 | No EOB | \$22.00 / 15 min | CPT code description | SOAP note supports billed service, reimbursement of \$22.00 is recommended. |
| TOTAL | | | | | | | The requestor is entitled to reimbursement of \$180.00. |

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 2-7-02 through 9-9-02 in this dispute.

This Decision and Order is hereby issued this 7th day of October 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

March 27, 2003

MDR Tracking #: M5-03-1074-01
IRO Certificate #: IRO 4326

The ___ 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 he was a passenger involved in a motor vehicle accident. The patient struck his knee on the console during the accident. The patient was treated in the emergency room and referred for physical therapy. An MRI performed 6 weeks later revealed a medical meniscal tear with patellar chondromalacia. On 08/02/01 the patient underwent a left knee arthroscopy with partial medial meniscectomy. The patient completed a course of physical therapy, work hardening and pain management.

The patient was under the care of a chiropractor and from 02/07/02 through 03/06/02, 03/18/02 through 04/04/02, and 06/26/02 through 07/03/02 and received office visits, hot and cold packs, electrical stimulation, ultrasound therapy, durable medical equipment, myofascial release, therapeutic activities, neuromuscular re-education, mechanical traction and an initial medical report.

Requested Service(s)

Office visits, hot or cold packs, electrical stimulation, ultrasound therapy, durable medical equipment, myofascial release, therapeutic activities, neuromuscular re-education, mechanical traction and an initial medical report 02/07/02 through 03/06/02, 03/18/02 through 04/04/02, and 06/26/02 through 07/03/02

Decision

It is determined that the office visits, hot or cold packs, electrical stimulation, ultrasound therapy, durable medical equipment, myofascial release, therapeutic activities, neuromuscular re-education, mechanical traction and an initial medical report 02/07/02 through 03/06/02, 03/18/02 through 04/04/02, and 06/26/02 through 07/03/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation does not substantiate the medical necessity of the chiropractic services based on both prospective and retrospective factors. From a prospective standpoint, it is unclear as to the amount, duration, type, and response to a significant course of physical therapy performed prior to initiating treatment with the attending chiropractor. Specifically, this patient completed as much as two courses of formal physical therapy and a work hardening program presumably containing active physical therapy as well as the other entities typically found in a multi-disciplinary program such as work hardening. Retrospectively, it is not evident from the medical record documentation that any of the above listed course of care during the dates in question provided any significant, measurable subjective or objective relief of symptomatology. The subjective pain levels remain at 6-7-8/10 range during the course of care. The documentation indicates that the claimant was experiencing little to no relief of symptoms and exhibiting a poor response to care.

Lastly, the care rendered this patient is not specifically documented in the SOAP notes to ascertain the level of care administered this patient. The notes do not indicate the time spent in specific procedures that are generally required to be documented with a time factor, such as myofascial release and therapeutic activities and neuromuscular re-education.

Therefore, the office visits, hot or cold packs, electrical stimulation, ultrasound therapy, durable medical equipment, myofascial release, therapeutic activities, neuromuscular re-education, mechanical traction and an initial medical report 02/07/02 through 03/06/02, 03/18/02 through 04/04/02, and 06/26/02 through 07/03/02 were not medically necessary.

Sincerely,