

MDR Tracking Number: M5-03-1176-01

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 1-14-03.

The IRO reviewed chiropractic treatment rendered from 3-11-02 to 6-26-02 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
3-11-02 5-20-02	97110(X7)	\$245.00	\$0.00	U	\$35.00/ 15 min	Section 408.021(a)	IRO concluded that services were medically necessary.
3-11-02 3-15-02 3-18-02 3-20-02 5-20-02 5-22-02	97150	\$27.00	\$0.00	U	\$27.00		
3-15-02 3-18-02	97110(X8)	\$280.00	\$0.00	U	\$35.00/ 15 min		
3-20-02	97110(X3)	\$105.00	\$0.00	U	\$35.00/ 15 min		
4-16-02	99215	\$125.00	\$0.00	U	\$103.00		
4-16-02	99080-73	\$15.00	\$0.00	U	\$15.00		
4-16-02	95851	\$40.00	\$0.00	U	\$36.00		
4-16-02 4-19-02	97750MT (4)	\$172.00	\$0.00	U	\$43.00 / body area		
5-22-02	97110(X6)	\$210.00	\$0.00	U	\$35.00/ 15 min		

The IRO concluded that therapeutic exercises, group therapeutic exercises, office visits, special reports, range of motion, and muscle testing provided from 3-11-02 through 5-22-02 were medically necessary. The IRO concluded that joint mobilization and myofascial release from 3-11-02 through 5-22-02 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(r)(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 May 30, 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: Services that were denied without an EOB will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
5-6-02 5-8-02	99213	\$50.00	\$0.00	No EOB	\$48.00	Evaluation & Management GR (IV)	SOAP note supports billed service per MFG. Therefore, reimbursement of 2 dates X \$48.00 = \$96.00.
	97265	\$43.00	\$0.00	No EOB	\$43.00	CPT Code description	SOAP note supports physical therapy service per MFG. Therefore, reimbursement of 2 dates X \$43.00 = \$86.00.
	97250	\$43.00	\$0.00	No EOB	\$43.00	CPT Code description	SOAP note supports physical therapy service per MFG. Therefore, reimbursement of 2 dates X \$43.00 = \$86.00.
	97150	\$27.00	\$0.00	No EOB	\$27.00	CPT Code Description	SOAP note supports physical therapy service per MFG. Therefore, reimbursement of 2 dates X \$27.00 = \$54.00.
	97110(X8)	\$280.00	\$0.00	No EOB	\$35.00/ 15 min	Medicine GR (I)(A)(9)(b)	SOAP note supports physical therapy service per MFG. Therefore, reimbursement of 2 dates X \$280.00 = \$560.00.
6-20-02	99215	\$125.00	\$0.00	No EOB	\$103.00	Evaluation & Management GR (IV)	Office visit report supports service billed, reimbursement of \$103.00 is recommended.
	99080-73	\$15.00	\$0.00	No EOB	\$15.00	Rule 129.5(d)	TWCC-73 supports billed service, reimbursement of \$15.00 is recommended.
	95851	\$40.00	\$0.00	No EOB	\$36.00	Medicine GR (I)(E)(4)	Lumbar ROM reports supports billed service, reimbursement of \$36.00 is recommended.
	97750MT (4)	\$172.00	\$0.00	No EOB	\$43.00 / body area	Medicine GR (I)(E)(3)	Lumbar muscle testing supports billed service, reimbursement of \$43.00 is recommended.
6-26-02	99213	\$50.00	\$0.00	No EOB	\$48.00	Evaluation & Management GR (IV)	SOAP note supports billed service per MFG. Therefore, reimbursement of \$48.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$1127.00 .

This Decision is hereby issued this 15th 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 3-11-02 through 6-26-02 in this dispute.

This Order is hereby issued this 15th day of October 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

April 1, 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 #:	M5-03-1176-01
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 she was lifting a heavy box and developed low back pain with radiation into both legs. An MRI of the lumbar spine performed on 11/30/00 revealed degenerating disc with disc space narrowing at L4-5 and mild facet joint degenerative changes at L4-5 and L5-S1 levels. The patient underwent lumbar surgery on 09/19/01 with removal of a herniated disc at L4-5 and a degenerated disc at L3-4. The patient was under the care of a chiropractor post-operatively.

Requested Service(s)

Joint mobilization, myofascial release, therapeutic exercises, group therapeutic exercises, office visit, special reports, range of motion, and muscle testing provided from 03/11/02 through 04/19/02 and 05/20/02 through 05/22/02.

Decision

It is determined that the therapeutic exercises, group therapeutic exercises, office visit, special reports, range of motion, and muscle testing provided from 03/11/02 through 04/19/02 and 05/20/02 through 05/22/02 were medically necessary to treat this patient's condition.

It is determined that the joint mobilization and myofascial release provided from 03/11/02 through 04/19/02 and 05/20/02 through 05/22/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The joint mobilization and myofascial release were not medically necessary from 03/11/02 through 04/19/02 and from 05/20/02 and 05/22/02. Manipulation is a medically necessary form of treatment in the management of spinal strain/sprains, as well as other spinal disorders. The maximum therapeutic benefit for spinal manipulation is noted in the first 2 to 3 weeks of care. Doctors utilizing spinal manipulation in the treatment of a spinal injury past the first month of care should initiate some form of active care with their patients in order to successfully transition the patient toward return to normal activities. The maximum therapeutic benefit for chiropractic treatment regimens that do not incorporate a shift away from passive care to active and rehabilitative care will be realized in a few weeks, beyond which the medical necessity of continued manipulation is questionable.

Branfort noted that, based on the most recent and comprehensive systematic reviews, there is moderate evidence of short-term efficacy for spinal manipulation in the treatment of both acute and chronic low back pain. There is insufficient data available to draw conclusions regarding the efficacy for lumbar radiculopathy. The evidence is also not conclusive for the long-term efficacy of spinal manipulation for any type of low back pain. Reference: Branfort G. "Spinal manipulation: current state of research and its indications." Neuro Clin 1999 Feb; 17(1): 91-111.

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;81:1641-1674.

The therapeutic exercises, group therapeutic exercises, office visit, special reports, range of motion, and muscle testing provided from 03/11/02 through 04/19/02 and 05/20/02 through 05/22/02 were medically necessary to treat this patient's condition. Haldeman et al indicate that it is beneficial to proceed to the rehabilitation phase of care as rapidly as possible to minimize dependence on passive forms of treatment/care and reaching the rehabilitation phase as rapidly as possible and minimizing dependence on passive treatment usually leads to the optimum result. Reference: Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993.

The 01/10/02 examination from the chiropractor indicated that the patient was functioning from the sedentary to the medium physical demand level depending on the lifting function examined. The patient's physical capacity noted during the 01/10/02 evaluation was lower than her physical demand capacity noted during the initial chiropractic evaluation performed on 09/26/00. The review of the diagnostic testing information in the medical record documentation revealed that the patient's physical demand capacity increased from 01/10/02 to 04/16/02 and was relatively static from 04/16/02 to 06/20/02.

The medical record documentation demonstrates that the patient's ranges of motion decreased up to the point that she had surgery and her initial evaluation from the treating doctor after surgery revealed reduced ranges of motion in some planes. The subsequent range of motion evaluations demonstrated improved ranges of motion through 04/16/02. The patient's ranges of motion after 04/16/02 declined in all ranges except flexion.

Therefore, the therapeutic exercises, group therapeutic exercises, office visit, special reports, range of motion, and muscle testing provided from 03/11/02 through 04/19/02 and 05/20/02 through 05/22/02 were medically necessary while joint mobilization and myofascial release provided from 03/11/02 through 04/19/02 and 05/20/02 through 05/22/02 was not medically necessary.

Sincerely,