

MDR Tracking Number: M5-03-1275-01

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 1-27-03.

The IRO reviewed ultrasound, office visits, electrical stimulation, myofascial release, joint mobilization and therapeutic exercises rendered from 5-3-02 to 6-12-02 that were denied based upon “U” and “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.

The IRO concluded that joint mobilization (97265) was not medically necessary. The IRO concluded that all other services rendered were 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 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:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-3-02 5-7-02 5-8-02 5-9-02 5-13-02	97250	\$45.00	\$38.70	C	\$43.00	CPT code descriptor	Requestor confirmed that they do have a contract with the respondent, and payment was appropriate. No additional reimbursement is recommended.

5-3-02 5-8-02	97265	\$45.00	\$38.70	C	\$43.00	CPT code descriptor	
5-7-02 5-8-02	97032	\$30.00	\$19.80	C	\$22.00	CPT code descriptor	Requestor confirmed that they do have a contract with the respondent, and payment was appropriate. No additional reimbursement is recommended.
5-7-02	97010	\$22.00	\$9.90	C	\$11.00	CPT code descriptor	
5-8-02	99212	\$48.00	\$28.80	D	\$32.00	CPT code descriptor	99212 was not duplicate to another service billed on this date. Additional reimbursement per MFG is recommended \$3.20.
5-9-02 5-13-02	97265	\$45.00	\$0.00	N	\$43.00	CPT code descriptor	SOAP note supports billed service, reimbursement of 2 dates X \$43.00 = \$86.00.
5-13-02	97035	\$30.00	\$0.00	N	\$22.00	CPT code descriptor	SOAP note supports billed service, reimbursement of \$22.00 is recommended.
5-13-02	97032	\$30.00	\$0.00	N	\$22.00	CPT code descriptor	SOAP note supports billed service, reimbursement of \$22.00 is recommended.
5-14-02	99212	\$48.00	\$28.80	C	\$32.00	CPT code descriptor	Requestor confirmed that they do have a contract with the respondent, and payment was appropriate. No additional reimbursement is recommended.
5-14-02	99080	\$15.00	\$13.50	C	\$15.00	CPT code descriptor	
5-21-02	99214	\$89.00	\$0.00	F	\$71.00	Evaluation & Management GR (IV)	SOAP note supports billed service per MFG, reimbursement of \$71.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$204.20.</b>

This Decision is hereby issued this 3<sup>rd</sup> day of November 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 2-27-02 through 06-21-02 in this dispute.

This Order is hereby issued this 3<sup>rd</sup> day of November 2003

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

May 9, 2003

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

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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.

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

According to records provided, the patient in this case was injured on the job on \_\_\_ when she slipped and fell on some food on a floor while at work in a cafeteria. While she apparently was able to catch herself and keep from falling, she did have an immediate onset of pain in the right knee. She sought care from \_\_\_ on that same date and treatment was begun. There is confusion in the case as to the compensable diagnosis, but eventually it seems to have been determined that the right knee was the compensable injury. MRI revealed that the patient has torn a medial meniscus, posterior horn. DJD was noted in the knee, as well. The patient underwent a medial meniscectomy on April 18, 2002. Post-operative care was rendered on this patient that initially consisted of passive therapy and progressed to active treatment. \_\_\_ performed a RME on May 28, 2003 and recommended a continuation of 3 additional weeks of care for the patient.

#### DISPUTED SERVICES

The carrier disputes the medical necessity of ultrasound, office visits, electrical stimulation, myofascial release joint mobilization and therapeutic exercises as medically unnecessary from May 3, 2002 through June 12, 2002.

DECISION

The reviewer agrees with the prior adverse determination regarding joint mobilization. The reviewer disagrees with the prior adverse determination regarding all other treatments that were provided.

BASIS FOR THE DECISION

The patient was post-surgical and the treatment rendered by the treating doctor was consistent with good practice. After a surgical procedure, it is well recognized that the patient will have significant inflammation similar to that of the acute onset of pain and injury. The treating doctor provided service that would be helpful for a patient in this acute phase of care. As the patient progressed, the treating doctor increased the workload on the patient and transitioned into an active program. This is consistent with a conservative management program and good case management. I do take issue with the use of joint mobilization as a technique on this case. A patient who has a torn meniscus should probably not be undergoing manipulation. Regardless, the manipulation on a case would be part of the basic service of a chiropractic office visit and it is not documented that any service other than the base service was performed on this case.

\_\_\_ 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,