

MDR Tracking Number: M5-03-1491-01

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 2-13-03.

The IRO reviewed office visits, physical therapy and physical performance testing rendered from 11-04-02-11-18-02 that were denied based upon "U" and "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. 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. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

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 13, 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.

On 10-8-02, the requestor billed Physical Performance Testing utilized code 97750 for \$473.00. The respondent reimbursed the requestor \$0.00 based upon EOB denial code "T". HB-2600 abolished the treatment guidelines effective 1-1-02; therefore, the insurance carrier inappropriately utilized EOB denial code "T." The Physical Performance testing will be reviewed in accordance with the MFG.

The report indicates that claimant's blood pressure was monitored while he walked on a treadmill, a yes/no questionnaire to determine claimant's anxiety and depression, Oswestry questionnaire, PARIS questionnaire, Headache questionnaire, Modified Zung Questionnaire, and Work Tolerance testing.

The CPT code descriptor for 97750 states "Physical performance test or measurement (eg. Musculoskeletal, functional capacity), with written report, each 15 minutes (see Medicine GR (I)(E)(2) for reimbursement amounts for Functional Capacity Evaluations). Per this code descriptor Physical performance testing examples are musculoskeletal or functional capacity evaluations. Medicine GR (I)(E)(3) refers to musculoskeletal testing, and Medicine GR (I)(E)(2) refers to functional capacity evaluations.

Based upon the report submitted the requestor performed a mental health evaluation, blood pressure monitoring, and work tolerance testing. The MFG contains appropriate codes for billing of mental health evaluations, 97750 is not the appropriate code.

The requestor did perform functional abilities testing: blood pressure monitoring on treadmill Medicine GR (I)(E)(2)(b)(CC); and work tolerance testing Medicine GR (I)(E)(2)(b)(DD). These are components of an FCE.

Medicine GR (I)(E)(3) states that "Muscle testing may be used to replace any six components of the functional abilities test and may be used to replace any six components of the functional abilities test and shall be reimbursed (by time required) as a component of the FCE, not exceeding the MAR for an FCE."

The requestor performed components of an FCE but not an FCE. The above ground rule states that the requestor may bill for the time required for functional abilities test when it is a component of an FCE. FCE billing is reimbursable based upon start and end time, as long as they do not exceed the MAR. Muscle testing is not a time-based code. Muscle testing reimbursement is based upon body area tested.

The claimant's compensable injury was to the upper extremity, per Medicine GR (I)(D), this is considered one body area. Based upon Medicine GR (I)(E)(3) muscle testing may be used to replace six components of the functional abilities test. Since the requestor did perform functional abilities test, reimbursement for muscle testing is recommended. The requestor is entitled to reimbursement of \$43.00.

This Decision is hereby issued this 16th 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 10-8-02 through 11-8-02 in this dispute.

This Order is hereby issued this 16th day of October 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

May 9, 2003

REVISED TO CORRECT DATE UNDER SECTION "DISPUTED SERVICES,"
...testing during the period of 11/04/02 not as 11/02/02

Re: MDR #: M5-03-1491-01
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 male claimant injured his left wrist and elbow in a work-related accident on ___. On 08/26/02, he was diagnosed with a left forearm/elbow internal derangement and left elbow/forearm contusion. The medication Celebrex, along with physical rehabilitation was ordered. CT imaging of the left elbow on 09/06/02 revealed the necessity for additional MR imaging of the elbow.

An orthopedic consult on 09/23/02 resulted in the diagnosis of total tear of the medial collateral ligament of the left elbow. MRI on 10/04/02, revealed a full-thickness tear of the common flexor tendon and a possible tear of the medial collateral ligament superiorly. Nerve conduction velocity performed on 10/15/02 revealed no abnormalities.

On 11/26/02, an evaluation determined that the patient was an excellent surgical candidate for medial collateral ligament reconstruction with local tissues for free tendon graft. Conservative applications were conducted from 11/04/02 through 11/18/02, which included office visits, physical therapy and physical performance testing.

Disputed Services:

Office visits, physical therapy and physical performance testing during the period of 11/04/02 through 11/18/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the visits, therapy and testing was medically necessary in this case.

Rationale for Decision:

Controlled trials of conservative therapeutics were applied over 12 weeks, prior to obtaining a surgical consult. It is common practice among rehabilitation professionals to sufficiently explore conservative applications prior to the implementation of surgical correction.

The provider has generated sufficient medical record with quantitative/qualitative data that shows the necessity for the applied rehabilitation therapies.

References:

- Field, L.V., Savoie, S.H., *Common Elbow Injuries in Sports*. Sports Med., 1998, Sep; 26(3): 193-205.
- *Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice*. Washington State Chiropractic Association; 2001, 54p.

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.