

MDR Tracking Number: M5-03-1651-01

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 3-6-03.

The IRO reviewed office visits, joint mobilization, myofascial release, therapeutic exercises, group therapy procedure, muscle testing rendered from 5-8-02 to 6-20-02 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(r)(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 the following services were medically necessary:

- a. Office visits (99213), 5-8-02 thru 6-19-02 (9);
- b. Therapeutic Activities (97110), 33 units for the period of 5-8-02 through 6-19-02;

The IRO concluded that the following services were not medically necessary:

- a. Therapeutic Activities (97110), beyond 33 units for the period of 5-8-02 through 6-19-02;
- b. Therapeutic procedures (97150), for the period of 5-8-02 through 6-19-02;
- c. Myofascial release (97250), 10 units for the period of 5-8-02 through 6-19-02;
- d. Muscle Strength Testing (97759-MT), for the period of 5-8-02 through 6-19-02;

On this basis, the total amount recommended for reimbursement (\$1587.00) 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.

On June 2, 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.

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

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5/20/02	97550MT(3)	\$129.00	\$0.00	G	\$43.00 / body area	Medicine GR (I)(E)(3) and (I)(D)	Muscle testing is global to an FCE per Medicine GR (I)(E)(2); however, an FCE was not performed on this date. Muscle testing of lumbar spine was performed; per GR reimbursement of \$43.00 is recommended.
6/10/02	97110 (8)	\$280.00	\$0.00	F	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	Therapeutic procedure report supports service billed per MFG, reimbursement of \$280.00 is recommended.
6/10/02	97150	\$27.00	\$0.00	F	\$27.00	Medicine GR (I)(A)(9)(b)	Therapeutic procedure report supports service billed; however, the time exceeds the limit established in MFG, GR (I)(A)(10)(a); therefore, no reimbursement is recommended.
6/27/02	95851	\$40.00	\$0.00	F	\$36.00/ each	Medicine GR (I)(E) 94)	Lumbar ROM testing supports service billed per MFG, reimbursement of \$36.00 is recommended.
6/27/02	99080-73	\$15.00	\$0.00	F	\$15.00	Rule 129.5(d)	There was a change in claimant's work status; therefore, reimbursement of \$15.00 is recommended.
6/27/02	97550MT(4)	\$172.00	\$0.00	F	\$43.00 / body area	Medicine GR (I)(E)(3) and (I)(D)	Muscle testing of lumbar spine was performed; per GR reimbursement of \$43.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$417.00 .

This Decision is hereby issued this 19th day of December 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 5-8-02 through 6-27-02 in this dispute.

This Order is hereby issued this 19th day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

May 27, 2003

Re: MDR #: M5-03-1651-01

___ 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 48-year-old male claimant injured his lower back in a work-related accident on ___. Subsequent treatment included referrals to several doctors, which eventually resulted in lumbar spine surgery in January 2002.

Disputed Services:

The following services for the period of 05/08/02 and 05/09/02, and 05/22/02 through 06/20/02:

- office visits (9)
- joint mobilization (11)
- myofascial release (10)
- therapeutic activities (11 days/74 units)
- group therapy
- muscle strength testing
- TWCC – 73
- Dynatron performance test

Decision & Rationale:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer's opinion and rationale are as follows:

- **Office Visits (99213), 05/08/02 – 06/19/02 (9), were medically necessary.** The patient had a number of problems that resulted in a number of referrals. The office visits scheduled appear to be expected usual, customary, and medically necessary for this type of injury, problems and referrals. Documentation supports this level of service.
- **Lumbar Spine Range of Motion Examination (95851) on 06/27/02 was medically necessary.** Documentation meets the medical necessity for this examination.
- **Dynatron Physical Performance Testing (97750-MT) on 06/27/02 was medically necessary.** Documentation reviewed supports the medical necessity of this testing.
- **Therapeutic Activities (97110), 33 units for the period of 05/08/02 through 06/19/02, were medically necessary. The therapeutic activities beyond this number were not medically necessary. Group Therapeutic Procedures (97150) during the period of 05/08/02 through 06/19/02, were not medically necessary.** Documentation fails to support the medical necessity for both procedures for each visit. The use of the combination of the above-mentioned procedures constitutes performing procedures with similar therapeutic outcomes.
- **Joint Mobilization (97265), 11 units during the period of 05/08/02 through 06/19/02, were medically necessary. Myofascial Release, (97250) 10 units during the period of 05/08/02 through 06/19/02, were not medically necessary.** Documentation fails to support the medical necessity for all modalities listed above. The use of the combination of the above-mentioned procedures constitutes performing procedures with similar therapeutic outcomes.
- **Muscle Strength Testing (97759-MT) on 05/20/02 and 06/20/02 was not medically necessary.** Documentation fails to meet criteria for medical necessity.
- **TWCC-73 (99080-73) dated 06/27/02 was not necessary.** No TWCC-73 form was provided for review.

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,