

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-3686.M5**

MDR: Tracking Number M5-03-1681-01

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 03-06-03.

The IRO reviewed office visits rendered from 08-21-02 through 11-15-02 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 for office visits. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 July 15, 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:

<b>DOS</b>	<b>CPT CODE</b>	<b>Billed</b>	<b>Paid</b>	<b>EOB Denial Code</b>	<b>MARS (Maximum Allowable Reimbursement)</b>	<b>Reference</b>	<b>Rationale</b>
August 21, 23, 26, 28, and 30,09-03, September 4, 6,9,11, 13,16, 18, 20,23,25, 27,30, October 4, 7, 9, 11,14, 16, 18,21, 23, 25, 28, 30, November 1, 4, 6, 8,11, 13, 15, 2002	97110 (256 units)	\$9725.00	0.00	F	\$35.00/ unit	MFG MRG (I)(A)(9) (b)	See Rational Below
August 23, 30 September 13 October 14, 16 November 4, 11, 13,	99213 (8 units)	\$584.00	0.00	F	\$48.00/ unit	MFG, MGR (I)(B)(1) (b)	Soap notes do not confirm delivery of service. No recommended reimbursement
August 21, 23, 26, 28, and 30,09-03, September 4, 6,9,11, 13,16, 18, 20,23,25, 27,30, October 4, 7, 9, 11,14, 16, 18,21, 23, 25, 28, 30, November 1, 4, 6, 8,11, 13, 15, 2002	97112 (27 units)	\$1080.00	0.00	F	\$35.00/ unit	MFG MRG (I)(C)(2)	Soap notes do not confirm delivery of service. No reimbursement recommended
11-15-02	99214	\$112.00	\$0.00	F	\$71.00	MRG	Soap notes do not confirm

							delivery of service. No reimbursement recommended
TOTAL		11,501.00					The requestor is not entitled to reimbursement

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the types of activities/therapies were not identified and relevant information submitted to support the fee component in this dispute does not clearly identify the severity of the injury that would require exclusive one –on- one treatment.

This Decision is hereby issued this 23<sup>rd</sup> day of January 2004.

Georgina Rodriguez  
 Medical Dispute Resolution Officer  
 Medical Review Division

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 3,2003

**Re: IRO Case # M5-03-1681-01**

Texas Worker’s Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker’s Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier’s internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation. He or she has signed a certification statement attesting 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 referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

No documentation was provided for dates prior to 7/16/02. The patient suffered some type of injury presumably to his low back on \_\_\_\_. He underwent IDET at L5-S1 on 7/16/02. On 8/21/02 he started an intensive physical therapy program three times per week for twelve weeks.

Requested Service(s)

Office visits 8/21/02 – 11/13/02

Decision

I agree with the carrier's decision to deny the requested office visits.

Rationale

Although six weeks of active therapy is part of the Saal protocol following IDET, no documentation supporting level three follow up visits was included in any of the records submitted for this review.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,