

MDR Tracking Number: M5-03-1693-01

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, 133.307 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 03-11-03. Per Rule 133.308(e)(1) dates of service 03-06-02 through 03-08-02 were not timely filed.

The IRO reviewed myofascial release, physical medicine treatments, joint mobilization, electrical stimulation, electrical stimulation-unattended, electrical stimulation each 15 minutes, therapeutic activities and procedures, mechanical traction, neuromuscular re-education, office visits with manipulation and kinetic activities rendered from 03-11-02 through 08-16-02 that was denied based upon "U and V".

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. The myofascial release, physical medicine treatments, joint mobilization, electrical stimulation, electrical stimulation-unattended, electrical stimulation each 15 minutes, therapeutic activities and procedures, mechanical traction, neuromuscular re-education, office visits with manipulation and kinetic activities between 03-11-02 through 06-26-02 were found to be medically necessary.

The myofascial release, physical medicine treatments, joint mobilization, electrical stimulation, electrical stimulation-unattended, electrical stimulation each 15 minutes, therapeutic activities and procedures, mechanical traction, neuromuscular re-education, office visits with manipulation and kinetic activities from 07-08-02 through 08-16-02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for myofascial release, physical medicine treatments, joint mobilization, electrical stimulation, electrical stimulation-unattended, electrical stimulation each 15 minutes, therapeutic activities and procedures, mechanical traction, neuromuscular re-education, office visits with manipulation and kinetic activities.

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(r)(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.

On 08-21-02, 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>MAR\$</b>	<b>Reference</b>	<b>Rationale</b>
3-11-02 to 4-4-02 (13 DOS)	97140	\$60.00 (1 unit)	\$258.00	No EOB	\$0.00	Rule 133.307 (g)(3)(A-F) 96 MFG	Not recommended CPT code per 96 MFG. Reimbursement is not recommended.
4-05-02	99080-73	\$20.00 (1 unit)	\$0.00	N	\$15.00	96 MFG General Instructions (III)(A)	The requestor did not submit relevant information to meet the documentation criteria set forth by the Medical Fee Guideline. Reimbursement not recommended.
4-23-02	97250	\$43.00 (1 unit)	\$0.00	No EOB	\$43.00	Rule 133.307 (g)(3)(A-F)	The requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$43.00
4-23-02	97032	\$45.00 (1 unit)	\$0.00	No EOB	\$22.00	Rule 133.307 (g)(3)(A-F)	The requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$22.00
4-23-02	97110	\$35.00 (1 unit)	\$0.00	No EOB	\$35.00	Rule 133.307 (g)(3)(A-F)	See rationale below. No reimbursement recommended.
04-23-02	97530	\$175.00 (5 units)	\$0.00	No EOB	\$175.00	Rule 133.307 (g)(3)(A-F)	The requestor submitted relevant information to support delivery of service. Reimbursement recommended in the

							amount of \$175.00
4-23-02	99214-MP	\$71.00 (1 unit)	\$0.00	No EOB	\$71.00	Rule 133.307 (g)(3)A-F)	The requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$71.00
5-14-02 5-20-02 5-22-02 (3 DOS)	99214-MP	\$71.00 (1 unit)	\$71.00	N	\$213.00	96 MFG E/M GR (VI)(B)	The requestor submitted relevant information to meet documentation criteria. Reimbursement is recommended in the amount of \$142.00
5-29-02	99213-MP	\$48.00	\$24.00	N	\$48.00	96 MFG MED GR (I)(11)(B)(1)(b)	The requestor submitted relevant information to meet documentation criteria. Reimbursement recommended in the amount of \$24.00
TOTAL		\$1430.00	\$353.00		\$622.00		The requestor is entitled to reimbursement in the amount of \$477.00

**RATIONALE:** 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 (MRD) has reviewed the matters in light of the Commission requirements for proper documentation.

The MRD declines to order payment for code 97110 because the daily notes did not clearly delineate the severity of the injury that would warrant exclusive one-to-one treatment.

This Decision is hereby issued this 1st day of March 2004.  
Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh

**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 03-11-02 through 08-16-02 in this dispute.

This Order is hereby issued this 1st day of March 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/dlh

February 26, 2004

Rosalinda Lopez/Carol Lawrence  
Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

**REVISED REPORT  
Revised dates of service.**

Re: Medical Dispute Resolution  
MDR #: M5-03-1693-01  
IRO Certificate No.: IRO 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.

**Brief Clinical History:**

This female claimant injured several body parts in a work-related accident on \_\_\_\_. Initial evaluation was performed, and treatment was begun. Additional diagnostic testing was

performed that confirmed this patient's injuries. An aggressive passive treatment program followed, and progressed into an active rehabilitation program. She was referred for a neurological consultation on 08/01/02, but failed to keep the appointment and did not reschedule.

**Disputed Services:**

Myofascial release, physical medicine treatments, joint mobilization, electrical stimulation, electrical stimulation-unattended, electrical stimulation each 15 minutes, therapeutic activities & procedures, mechanical traction, neuromuscular re-education, office visits with manipulation, and kinetic activities, during the period of 03/11/02 through 08/16/02

**Decision:**

The reviewer partially agreed with the determination of the insurance carrier. The reviewer is of the opinion that the services listed above that were rendered between 03/11/02 through 06/26/02 were medically necessary. The services listed above that were rendered between 07/08/02 through 08/16/02 were not medically necessary in this case.

**Rationale:**

The records clearly reveal sufficient documentation to warrant treatment in this case. Subjective symptoms, objective findings, assessment, and plan are present on each date of service, and were confirmed by the diagnostic testing provided. The patient progressed through the reasonable treatment program. However, her response was not as favorable as anticipated, which necessitated her referral for a neurosurgical consult on 08/01/02. She failed to keep that appointment and was not rescheduled.

The records indicate limited response to treatment as of 07/08/02. This fact would necessitate that the patient be referred for an alternate treatment program. National treatment guidelines allow two to four months of treatment for this type of injury.

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,