

MDR: Tracking Number M5-03-1754-01

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 3-14-03.

The IRO reviewed chiropractic treatment and physical therapy services rendered from 9-12-02 through 10-29-02 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. 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.

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 August 7, 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 6-7-02, the requestor billed 99078 – Physician educational services rendered to patients in a group setting at \$475.00. The MAR for 99078 per MFG is DOP. The requestor noted that claimant attended a "Protect Your Back injury prevention workshop." The requestor did not meet DOP requirements per General Instructions GR (III)(A)(1-6); therefore, reimbursement is not recommended.

Neither party submitted EOBs to support services denied without an EOB on 9-24-02, 9-25-02, 9-26-02, and 9-30-02; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

Physical therapy services, coded 97110 and 97112 rendered on 10-23-02 was denied based upon "A" preauthorization not obtained. Effective 1-1-02, physical

therapy services did not require preauthorization per Rule 134.600(h)(1-14); therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

The requestor did not submit medical records in accordance with Rule 133.307(g)(3)(B) to support fee dispute on 9-24-02, 9-25-002, 9-26-02, 9-30-02 and 10-23-02.

This Decision is hereby issued this 30<sup>th</sup> day of December 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

July 28, 2003

Re: Medical Dispute Resolution  
MDR #: M5-03-1754-01  
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.

**Clinical History:**

On\_\_\_, this male claimant injured his neck and low back in a work-related accident. On 10/13/01, the patient had his neck and low back cursory examination by AP and lateral radiographs. The studies were within normal limits, except for loss of cervical lordosis. On 10/23/01, the patient was complaining of cervical shoulder pain, generalized lumbar pain, generalized right knee pain, and generalized right ankle and foot pain. He rated his neck pain at 7/10, his low back pain at 8/10, his right knee pain at 5/10, and right ankle pain at 5/10.

The patient was referred to numerous specialists and under went thorough diagnostic evaluations, including MRI's, myelograms, EMG and NCV studies. He also underwent pharmacological management and had three sessions of ESI. The treating doctor's SOAP notes indicated therapeutic exercises were initiated at least by 02/08/02, and continued until 03/06/02 (at erratic intervals, according to documentation submitted).

Documentation on 07/16/02 notes that the patient was still being prescribed therapeutic exercises, and his pain scale was unchanged. Compounding this is the fact that the fractional measurements utilized to document his pain scale were actually increasing, rather than decreasing, with the last date of service documented on 10/24/02 at 9/10.

On 03/19/02 and on 08/30/02, the patient was documented at MMI for everything except his shoulder. On 10/28/02, an orthopedic surgeon recommended surgical intervention and estimated MMI at 6 to 12 months post-surgery for the shoulder.

**Disputed Services:**

Office visits and physical therapy during the period of 09/12/02 through 10/29/02.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the services in question were not medically necessary in this case.

**Rationale:**

According to the documentation provided for review, the patient has had extensive treatment for the spine portion of his injury. The knee injury seems to have resolved coincidentally in the process of participating in aquatic therapy and cardiovascular activities. The TWCC Designated Doctor has opined twice that the neck, low back, and knee are at MMI. According to the treating doctor's own SOAP notes, the patient's subjective pain scoring is increasing with continued reconditioning efforts directed to the spine. The office visits and physical therapy were not medically necessary for a cervical and lumbar spine that has been at MMI for seven months, without adequate documentation that the condition has deteriorated. Records submitted indicate a stable, albeit apparently chronic, situation.

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,