

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

SOAH DOCKET NO. 453-04-3675.M5

MDR: Tracking Number M5-03-1854-01

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 April 24, 2003.

The IRO reviewed ultrasound therapy, therapeutic exercises, physical medicine procedure, myofascial release, electrical stimulation, hot or cold packs, joint mobilization, special supplies, and office visits rendered from 06-27-02 through 07-24-02 and 07-26-02 through 08-07-02 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 ultrasound therapy, therapeutic exercises, physical medicine procedure, myofascial release, electrical stimulation, hot or cold packs, joint mobilization, special supplies, and 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 21, 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:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
07-25-02	97014	\$25.00	0.00	No EOB	\$15.00	MFG MGR (I)(a)(ii)	SOAP notes do not support delivery of service. No reimbursement recommended
	97035	\$35.00	0.00		\$22.00	MFG MGR (I)(a)(iii)	
	97110 (2 units)	\$80.00	0.00		\$35/unit=\$70.00	MFG MGR (I)(A)(9)(b)	

	97265	\$50.00	0.00		\$43.00	MFG MGR (I)(C)(3)	SOAP notes support delivery of service. Recommended reimbursement \$43.00
TOTAL		\$190.00					The requestor is entitled to reimbursement of \$ 43.00

Rational

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. 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. Therefore the MRD declines to order payment.

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 06-27-02 through 08-07-02 in this dispute.

This Decision is hereby issued this 9th day of January 2004.

Georgina Rodriguez
 Medical Dispute Resolution Officer
 Medical Review Division

July 10, 2003

Re: Medical Dispute Resolution
 MDR #: M5-03-1854-01
 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 Orthopedic Surgery.

Brief Clinical History:

This 42-year-old female claimant injured her left knee at work on _____. Subsequent x-rays indicated degeneration of the left knee, according to the patient. She also stated that she received cortisone injections, which did not improve her symptoms. She was referred to physical therapy and received services from 05/22/02 until 08/07/02.

Disputed Services:

Ultrasound therapy, therapeutic exercises, physical medicine procedure, myofascial release, electrical stimulation, hot or cold packs, joint mobilization, special supplies, and office visits during the periods of 06/27/02 through 07/24/02, and 07/26/02 through 08/07/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the services rendered as listed above were not medically necessary in this case.

Rationale:

This course of therapy failed to demonstrate, by objective evidence or objective documentation, significant improvement of this patient's strength, pain, range of motion, or gait. When the patient failed to improve after a brief course of physical therapy, additional evaluation and possible surgical intervention may have been indicated. In addition, the patient was not provided with a home program of therapy.

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,