

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

**SOAH DOCKET NO. 453-04-3594.M5**

MDR Tracking Number: M5-03-1857-01

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 03-21-03.

The IRO reviewed office visits, spray and stretch, therapeutic procedures, electrical stimulation, and joint mobilization rendered from 09-18-02, 09-25-02 and 10-08-02 through 10-18-02 that were denied based upon "V".

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, spray and stretch, therapeutic procedures, electrical stimulation, and joint mobilization. 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 June 13, 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>MAR\$ (Maximum Allowable Reimbursement)</b>	<b>Reference</b>	<b>Rationale</b>
09/26/02	97032	\$22.00	\$0.00	No EOB	\$22.00	MFG MGR (I)(A)(9)(a)(iii)	Soap notes confirm delivery of service. Recommended reimbursement \$22.00

	97035	\$22.00	\$0.00		\$22.00	MFG MGR (I)(A)(9)(a)(iii)	Soap notes confirm delivery of service. Recommended reimbursement \$22.00
	99211	\$18.00	\$0.00		\$18.00	MFG E/M GR(IV)(C)(2)	Soap notes confirm delivery of service. Recommended reimbursement \$18.00
	97110	\$140.00	\$0.00		\$35.00	MFG MGR (I)(A)(9)(b)	See Rational below
	97265	\$43.00	\$0.00		\$43.00	MFG MGR (I)(C)(3)	Soap notes confirm delivery of service. Recommended reimbursement \$43.00
09/30/02	99211	\$18.00	\$0.00		\$18.00	MFG E/M GR(IV)(C)(2)	Soap notes confirm delivery of service. Recommended reimbursement \$18.00
	97110	\$140.00	\$0.00		\$35.00	MFG MGR (I)(A)(9)(b)	See Rational below
	97032	\$22.00	\$0.00		\$22.00	MFG MGR (I)(A)(9)(a)(iii)	Soap notes do not confirm delivery of service. Reimbursement not recommended
	97035	\$22.00	\$0.00		\$22.00	MFG MGR (I)(A)(9)(a)(iii)	Soap notes do not confirm delivery of service. Reimbursement not recommended
	97265	\$43.00	\$0.00		\$43.00	MFG MGR (I)(C)(3)	Soap notes do not confirm delivery of service. Reimbursement not recommended
10/03/02	97110	\$140.00	\$0.00		\$35.00	MFG MGR (I)(A)(9)(b)	See Rational below
<b>TOTAL</b>		<b>\$630.00</b>					The requestor is entitled to reimbursement of \$ 123.00

## **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 has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because: the requestor did not document that the injury was severe enough to warrant one-to-one therapy, nor the duration of each activity.

## **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 09-26-02 through 09-30-02 in this dispute.

This Decision is hereby issued this 27<sup>th</sup> day of January 2004.

Georgina Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

**IRO Certificate #4599**

## **NOTICE OF INDEPENDENT REVIEW DECISION**

May 29, 2003

**Re: IRO Case # M5-03-1857**

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 Doctor of Chiropractic who is licensed by the State of Texas, and who also is a Certified Strength and Conditioning Specialist. 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

The patient injured his lower back on \_\_\_ when he lifted a tool box weighing about 60 pounds. An MRI of the lumbar spine and FCEs were performed, and the patient was treated with physical therapy, manipulation and medication.

Requested Service(s)

Office visits, spray and stretch, therapeutic procedure, electrical stimulation, joint mobilization 9/18/02, 9/25/02, 10/8 – 10/18/02.

Decision

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

Rationale

The patient was placed on MMI prior to the dates in dispute. He had plateaued in a diminished condition and further chiropractic treatment was not necessary. After an MMI date is reached further treatment must be reasonable and effective in relieving symptoms or improving function, and in this case, the documentation has failed how the disputed treatment was necessary, reasonable and effective. The doctor must instruct the patient on a home-based strength and conditioning program, and this would be beneficial in relieving symptoms and improving function.

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

Sincerely,