

MDR Tracking Number: M5-03-2016-01

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 04-14-03.

The IRO reviewed functional capacity evaluation, somatosensory test, unlisted neurological or neuromuscular diagnostic procedure, H/F reflex study, NCV, physician education services, office visits, therapeutic exercises, needle electromyography, office consultation, conductive paste or gel, and office visits with manipulations rendered on 04-23-02, 04-30-02, 05-28-02 through 07-26-02 and 08-08-02 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 functional capacity evaluation, office visits, and therapeutic exercises from 06-05-02 through 07-26-02 and 08-08-02 and somatosensory test, unlisted neurological or neuromuscular diagnostic procedure, H/F reflex study, NCV, physician education services, needle electromyography, office consultation, conductive paste or gel and office visits with manipulations. On this basis, the total amount recommended for reimbursement (\$1398.00) does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for functional capacity evaluation, office visits, and therapeutic exercises from 04-23-02 through 06-04-02. 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.

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 07-09-03, 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
04-29-02	99213	\$48.00	0.00	No EOB	\$48.00	MFG, E & M GR (IV)(C)(2)	Soap notes support delivery of service. Recommended Reimbursement \$48.00
	97110 (4 units)	\$140.00	0.00		\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rational below
05-01-02	99213	\$48.00	0.00	E R	\$48.00	MFG, E & M GR (IV)(C)(2)	A review of the TWCC database reveals that a TWCC-21 was not filed with the Commission disputing compensability; therefore, this review will be based upon the 1996 Medical Fee Guideline. Soap notes support delivery of service. Recommended Reimbursement \$48.00
	97110 (4 units)	\$140.00	0.00	E T	\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rational below
05-09-02	99213	\$48.00	0.00	E T	\$48.00	MFG, E & M GR (IV)(C)(2)	A review of the TWCC database reveals that a TWCC-21 was not filed with the Commission disputing compensability; therefore, this review will be based upon the 1996 Medical Fee Guideline. Soap notes support delivery of service. Recommended Reimbursement \$48.00
	97110 (4 units)	\$140.00	0.00	E T	\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rational below
05-02-02	99214	\$71.00	0.00	No EOB	\$71.00	MFG, E & M GR (IV)(C)(2)	Soap notes confirm delivery of service. Recommended Reimbursement \$71.00
	97110	\$140.00	0.00		\$35.00	MFG, MGR (I)(A)(9)(b)	See Rational below
	99071	\$20.00	0.00		DOP		Soap notes do not confirm delivery of service. Reimbursement is not recommended

05-13-02	99213	\$48.00	0.00		\$48.00	MFG, E & M GR (IV)(C)(2)	Soap notes confirm delivery of service. Recommended Reimbursement \$48.00
	97110	\$140.00	0.00		\$35.00	MFG, MGR (I)(A)(9)(b)	See Rational below
05-15-02	99213	\$48.00	0.00		\$48.00	MFG, E & M GR (IV)(C)(2)	Soap notes confirm delivery of service. Recommended Reimbursement \$48.00
	97110 (4 units)	\$140.00	0.00		\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rational below
05-16-02	99213	\$48.00	0.00		\$48.00	MFG, E & M GR (IV)(C)(2)	Soap notes confirm delivery of service. Recommended Reimbursement \$48.00
	97110 (4 units)	\$140.00	0.00		\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rational below
05-20-02	99214	\$71.00	0.00		\$71.00	MFG, E & M GR (IV)(C)(2)	Soap notes confirm delivery of service. Recommended Reimbursement \$71.00
	97110 (4 units)	\$140.00	0.00		\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rational below
05-22-02	99213	\$48.00	0.00		\$48.00	MFG, E & M GR (IV)(C)(2)	Soap notes confirm delivery of service. Recommended Reimbursement \$48.00
	97110 (4 units)	\$140.00	0.00		\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rational below
05-23-02	76800WP	\$188.00	0.00		\$188.00	MFG R/N MGR (I)(C)	Soap notes support delivery of service. Recommended Reimbursement \$188.00
	76880WP	\$270.00	0.00		\$270.00		Soap notes support delivery of service. Recommended Reimbursement \$270.00

	76536WP	\$124.00	0.00	E	\$124.00		A review of the TWCC database reveals that a TWCC-21 was not filed with the Commission disputing compensability; therefore, this review will be based upon the 1996 Medical Fee Guideline. Soap notes support delivery of service. Recommended Reimbursement \$124.00
	97110(4 units)	\$140.00	0.00	E	\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rational below
05-24-02	76800WP	\$188.00	0.00	E	\$188.00	MFG R/N MGR (I)(C)	A review of the TWCC database reveals that a TWCC-21 was not filed with the Commission disputing compensability; therefore, this review will be based upon the 1996 Medical Fee Guideline. Soap notes support delivery of service. Recommended Reimbursement \$188.00
	76880WP	\$270.00	0.00	E	\$270.00		A review of the TWCC database reveals that a TWCC-21 was not filed with the Commission disputing compensability; therefore, this review will be based upon the 1996 Medical Fee Guideline. Soap notes support delivery of service. Recommended Reimbursement \$270.00

08-05-02	99213MP	\$48.00	0.00	E T	\$48.00	MFG, MGR (I)(B)(1)(b)	Carrier denied as "T- outside of treatment guidelines." The treatment guidelines were abolished by statute effective 01-01- 02; This claim is non- compensable. A review of the TWCC database reveals that a TWCC-21 was not filed with the Commission disputing compensability; therefore, this review will be based upon the 1996 <i>Medical Fee Guideline</i> . No documentation, such as office notes or modality charts, was submitted to support services rendered. Therefore, no reimbursement can be recommended.
09-06-02	99213MP	\$48.00	0.00	R T	\$48.00		
TOTAL		\$3034.00					The requestor is entitled to reimbursement of \$1470.00

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 SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended

This Decision and Order is hereby issued this 30th day of March 2004.

Georgina Rodriguez
 Medical Dispute Resolution Officer
 Medical Review Division

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 04-23-02 through 09-06-02 in this dispute.

This Decision and Order is hereby issued this 30th day of March 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

July 2, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-2016-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 46 year-old female who sustained a work related injury on ___. The patient reported that while at work she was delivering cases of copy paper. The patient reported that while pulling a case of copy paper off the truck she experienced a sharp pain in the right side of the neck, the right shoulder and in the middle back. The patient underwent an X-Ray of the lumbar spine on 5/14/02 and an MRI of the lumbar spine on 5/14/02. The diagnoses for this patient included herniated nucleus pulposus of lumbo-sacral spine without myelopathy and degenerative disc disease of the lumbar spine. The patient was treated with chiropractic treatment and physical therapy.

Requested Services

Functional capacity evaluation, somatosensory test, unlisted neurological or neuromuscular diagnostic procedure, H/F reflex study, NCV, physician education services, office visits, therapeutic exercises, needle electromyography, office consultation, conductive paste or gel, office visit with manipulations on 4/23/02, 4/30/02, 5/28/02 – 7/26/02 and 8/8/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 46 year-old female who sustained a work related injury to her right side of her neck, right shoulder and middle back on ___. The ___ chiropractor reviewer also noted that this patient had a known cervical spine problem with a pre-existing carpal tunnel syndrome. The ___ chiropractor reviewer indicated that this patient was making good progress with treatment up until March 2002, (about 50% improved). The ___ chiropractor reviewer noted that it was recommended that the patient continue treatment. However, the ___ physician reviewer explained that no further testing would be necessary. The ___ chiropractor reviewer indicated that having all the extra testing did not help determine any new treatment or course of care for this patient. The ___ chiropractor reviewer noted that there was a regression of this patient's pain from the first to the second functional capacity evaluation. The ___ physician reviewer explained that care should have been discontinued due to the patient not progressing with the treatment. Therefore, the ___ chiropractor consultant concluded that the functional capacity evaluations, office visits and therapeutic exercises from 4/23/02 through 6/4/02 were medically necessary to treat this patient's condition. However, the ___ chiropractor reviewer also concluded that the functional capacity evaluations, office visits and therapeutic exercises from 6/5/02 through 7/26/02 and 8/8/02 were not medically necessary to treat this patient's condition. The ___ chiropractor consultant also concluded that the somatosensory test, unlisted neurological or neuromuscular diagnostic procedure, H/F reflex study, NCV, physician education services, needle electromyography, office consultation, conductive past or gel, office visit with manipulations on 4/23/02, 4/30/02, 5/28/02 – 7/26/02 and 8/8/02 were not medically necessary to treat this patient's condition.

Sincerely,