

MDR Tracking Number: M5-03-2017-01

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 office visits, office visits with manipulations, computer data analysis, muscle testing, myofascial release, manual traction, physical performance test, joint mobilization, motor nerve conduction test, somatosensory testing, nerve conduction/reflex test, therapeutic exercises and activities rendered from 08-07-02 through 10-29-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for office visits, office visits with manipulations, computer data analysis, muscle testing, myofascial release, manual traction, physical performance test, joint mobilization, motor nerve conduction test, somatosensory testing, nerve conduction/reflex test, therapeutic exercises and activities. 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.

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 06-26-03, 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
08-07-02	99203	\$74.00	0.00	No EOB	\$74.00	MFG E/M (VI)(A)	SOAP notes support delivery of service. Recommended reimbursement \$74.00
	73560WP	\$42.00	0.00		\$42.00	MFG R/N MGR (I)(C)	SOAP notes support delivery of service. Recommended reimbursement \$42.00
08-09-02	99213	\$48.00	0.00		\$48.00	MFG E/M GR(IV)(C)(2)	SOAP notes support delivery of service. Recommended reimbursement \$48.00
	97110	\$140.00	0.00		\$140.00	MFG MGR (I)(A)(9)(b)	See Rational below

08-12-02	97750MT	\$43.00	0.00	G	\$43.00	MFG MGR (I)(E)(3)	Per Rule MFG MGR (I)(E)(3) Muscle testing is not global to another service billed on same day; However soap notes do not support delivery of service. No reimbursement recommended
08-13-02	95851	\$36.00	0.00	G	\$36.00	MFG MGR (I)(E)(4)	SOAP notes support delivery of service. Recommended reimbursement \$36.00
08-14-02	73721WP2	\$924.00	0.00	No EOB	\$924.00	MRG R/N MGR (II)(C)(2)	SOAP notes support delivery of service. Recommended reimbursement \$924.00
08-15-02	99213MP	\$48.00	0.00		\$48.00	MFG MGR (I)(B)(1)(b)	SOAP notes support delivery of service. Recommended reimbursement \$48.00
	97265	\$43.00	0.00		\$43.00	MFG MGR (I)(C)(3)	SOAP notes support delivery of service. Recommended reimbursement \$43.00
	97110	\$140.00	0.00		\$140.00	MFG MGR (I)(A)(9)(b)	See Rational below
08-22-02	97265	\$43.00	0.00		\$43.00	MFG MGR (I)(C)(3)	SOAP notes support delivery of service. Recommended reimbursement \$43.00
	97110	\$140.00	0.00		\$140.00	MFG MGR (I)(A)(9)(b)	See Rational below
	99213	\$48.00	0.00		\$48.00	MFG E/M GR(IV)(C)(2)	SOAP notes support delivery of service. Recommended reimbursement \$48.00
	97122	\$35.00	0.00		\$35.00	MFG MGR (I)(A)(10)(a)	SOAP notes support delivery of service. Recommended reimbursement \$35.00
08-23-02	99213	\$48.00	0.00		\$48.00	MFG E/M GR(IV)(C)(2)	SOAP notes support delivery of service. Recommended reimbursement \$48.00
	97265	\$43.00	0.00		\$35.00	MFG MGR (I)(C)(3)	SOAP notes support delivery of service. Recommended reimbursement \$43.00
	97122	\$35.00	0.00		\$35.00	MFG MGR (I)(A)(10)(a)	SOAP notes support delivery of service. Recommended reimbursement \$35.00
	97110	\$140.00	0.00		\$140.00	MFG MGR (I)(A)(9)(b)	See Rational below
08-30-02	97110	\$140.00	0.00		\$140.00	MFG MGR (I)(A)(9)(b)	See Rational below
	99213	\$48.00	0.00		\$48.00	MFG E/M GR(IV)(C)(2)	SOAP notes support delivery of service. Recommended reimbursement \$48.00

	97265	\$43.00	0.00		\$43.00	MFG MGR (I)(C)(3)	SOAP notes support delivery of service. Recommended reimbursement \$43.00
	97122	\$35.00	0.00		\$35.00	MFG MGR (I)(A)(10)(a)	SOAP notes support delivery of service. Recommended reimbursement \$35.00
09-05-02	97122	\$35.00	0.00		\$35.00	MFG MGR (I)(A)(10)(a)	SOAP notes support delivery of service. Recommended reimbursement \$35.00
	97265	\$43.00	0.00		\$43.00	MFG MGR (I)(C)(3)	SOAP notes support delivery of service. Recommended reimbursement \$43.00
	97110	\$140.00	0.00		\$140.00	MFG MGR (I)(A)(9)(b)	See Rational below
	99213	\$48.00	0.00		\$48.00	MFG E/M GR(IV)(C)(2)	SOAP notes support delivery of service. Recommended reimbursement \$48.00
09-06-02	97110	\$140.00	0.00		\$140.0	MFG MGR (I)(A)(9)(b)	See Rational below
	99213	\$48.00	0.00		\$48.00	MFG E/M GR(IV)(C)(2)	SOAP notes support delivery of service. Recommended reimbursement \$48.00
	97265	\$43.00	0.00		\$43.00	MFG MGR (I)(C)(3)	SOAP notes support delivery of service. Recommended reimbursement \$43.00
	97122	\$35.00	0.00		\$35.00	MFG MGR (I)(A)(10)(a)	SOAP notes support delivery of service. Recommended reimbursement \$35.00
09-10-02	99213	\$48.00	0.00		\$48.00	MFG E/M GR(IV)(C)(2)	SOAP notes support delivery of service. Recommended reimbursement \$48.00
09-12-02	99213	\$48.00	0.00		\$48.00	MFG E/M GR(IV)(C)(2)	SOAP notes support delivery of service. Recommended reimbursement \$48.00
09-16-02	97110	\$140.00	35.00		\$105.00	MFG MGR (I)(A)(9)(b)	See Rational below
	99213	\$48.00	0.00		\$48.00	MFG E/M GR(IV)(C)(2)	SOAP notes support delivery of service. Recommended reimbursement \$48.00
09-18-02	99213	\$48.00	0.00		\$48.00	MFG E/M GR(IV)(C)(2)	SOAP notes support delivery of service. Recommended reimbursement \$48.00
09-19-02	99213	\$48.00	0.00		\$48.00	MFG E/M GR(IV)(C)(2)	SOAP notes support delivery of service. Recommended reimbursement \$48.00
TOTAL		\$3248.00					The requestor is entitled to reimbursement of \$ 2085.00

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.

This Decision is hereby issued this 13th day of January 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 8-28-01 through 12-28-01 in this dispute.

This Order is hereby issued this 13th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Letter
Note: Decision

June 24, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-2017-01
 IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The patient was injured on ___ when a cut heavy copper cable fell and struck him on the right knee. He saw a chiropractor of treatment and therapy. An MRI performed on 08/14/02 revealed a medical meniscal tear. He subsequently had right knee arthroscopic surgery on 11/06/02.

Requested Service(s)

Office visits, office visits with manipulation, therapeutic exercises & activities, computer data analysis, muscle testing, myofascial release, manual traction, physical performance test, joint mobilization, motor nerve conduction test, somatosensory testing, and nerve conduction/reflex study on 08/16/02-08/21/02, 08/28/02, and 09/24/02-10/29/02.

Decision

It is determined that the office visits, office visits with manipulation, therapeutic exercises & activities, computer data analysis, muscle testing, myofascial release, manual traction, physical performance test, joint mobilization, motor nerve conduction test, somatosensory testing, and nerve conduction/reflex study on 08/16/02-08/21/02, 08/28/02, and 09/24/02-10/29/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

After his initial injury, this patient was initiated into a course of physical therapy that showed elements of increasing active-patient driven applications. The diagnostics and applied therapeutics were appropriate for the patient's mechanism of injury and medical history. The provider has activated a multidisciplinary treatment algorithm to explore conservative and invasive treatment applications.

The patients continued to show functional limitations as evident in the 01/08/03 functional capacity evaluation (FCE), warranting probable upper level return-to-work (RTW) therapeutics that may include work hardening. Logic not warranting the lower level therapeutics is obtuse and not appropriate in the case management of this patient's medical condition. Therefore, it is determined that the office visits, office visits with manipulation, therapeutic exercises & activities, computer data analysis, muscle testing, myofascial release, manual traction, physical performance test, joint mobilization, motor nerve conduction test, somatosensory testing, and nerve conduction/reflex study on 08/16/02-08/21/02, 08/28/02, and 09/24/02-10/29/02 were medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- American Academy of Orthopedic Surgeons (AAOS) clinical guideline on knee injury: support document. American Academy of Orthopedic Surgeons; 2001. 6 p.
- Knee pain or swelling: acute or chronic. Ann Arbor (MI): University of Michigan Health System; Aug. 13 p.
- Washington State Department of Labor and Industries. Criteria for knee surgery; 1999 Jun 1 p.

Sincerely,