

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER: 453-04-8233.M5

MDR Tracking Number: M5-03-2056-01

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 04-18-03.

The IRO reviewed chiropractic treatments joint mobilization, therapeutic exercises, myofascial release, office visits with and without manipulations, range of motion measurements, muscle testing, electrical stimulation, and special reports rendered from 08-14-02 through 12-17-02 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 chiropractic treatments joint mobilization, therapeutic exercises, myofascial release, office visits with and without manipulations, range of motion measurements, muscle testing, electrical stimulation, and special reports. 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 07-15-03, 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
05-31-02	97032	\$48.00	\$0.00	F	\$22.00 per unit	MFG MGR (I)(A)(9)(a)(iii)	Soap notes confirm delivery of service. Recommended Reimbursement \$44.00 (\$22.00 for 2 units)
	97035	\$24.00	\$0.00		\$22.00		Soap notes confirm delivery of service. Recommended Reimbursement \$22.00
	99080-C	\$35.00	\$0.00		DOP		Soap notes confirm delivery of service. Recommended Reimbursement \$35.00
06-03-02	97032 (2 units)	\$48.00	\$0.00	F	\$22.00 per unit	MFG MGR (I)(A)(9)(a)(iii)	Soap notes confirm delivery of service. Recommended Reimbursement \$22.00
06-04-02, 06-05-02, 06-06-02, 06-07-02, 06-21-02, 07-16-02, 07-24-02, 08-01-02,	97032 (2 units per date of service) total of 16 unit	\$48.00 per date of service Total billed 384.00	0.00	No EOB	\$22.00 per unit		Soap notes confirm delivery of service for all dates of service. Recommended Reimbursement \$352.00 (\$22.00 for 16 units)
06-04-02, 06-05-02, 06-06-02, 06-07-02, 06-20-02, 06-21-02, 06-24-02, 07-16-02, 07-22-02, 07-24-02, 02-28-03	97250 for 11 dates of service	\$46.00 per date of service total billed \$506.00	\$0.00		\$43.00 per date of service	MFG MGR (I)(C)(3)	Soap notes confirm delivery of service for all dates of service. Recommended Reimbursement \$473.00 (43.00 for 11 dates of service)

06-04-02, 06-05-02, 06-06-02, 06-07-02, 06-21-02, 06-24-02, 07-16-02, 07-22-02, 07-24-02, 02-28-03	97265 for 10 dates of service	\$46.00 per date of service total billed \$460.00	\$0.00		\$43.00 per date of service		Soap notes confirm delivery of service for all dates of service. Recommended Reimbursement \$430.00 (43.00 for 10 dates of service)
06-04-02, 06-05-02, 06-06-02, 06-07-02, 06-21-02, 07-16-02, 07-22-02, 07-24-02, 08-01-02,	99213 (9 units)	\$51.00 per unit total billed \$459.00	\$0.00		\$48.00 per date of service	MFG, E & M GR(IV)(C)(2)	Soap notes confirm delivery of service for all dates of service. Recommended Reimbursement \$432.00 (48.00 for 9 dates of service)
06-06-02, 06-07-02,	97110 (1 unit 2 dates of service)	\$37.00 per date of service	\$0.00		\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rational below
06-07-02 06-24-02	97122 (2 dates of service)	\$37.00 per date of service	\$0.00		\$35.00	MFG MGR (I)(A)(10)(a)	Soap notes do not confirm delivery of service for dates of service. Reimbursement is not recommended
06-21-02, 07-16-02, 07-22-02 07-24-02	97110 (2 units 4 dates of service)	\$74.00 per date of service	\$0.00		\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rational below
06-24-02, 11-20-02, 02-28-02	99213MP (3 dates of service)	\$51.00 (per date of service)	\$0.00		\$48.00	MFG, MGR (I)(B)(1)(b)	Soap notes confirm delivery of service for dates of service. Recommended Reimbursement \$144.00 (\$48.00 for 3 dates of service)

	97750MT (2 units)	\$92.00	\$0.00		\$43.00 per unit	MFG MGR (I)(E)(3)	Report submitted supports delivery of service Recommended Reimbursement \$86.00 (\$43.00 for 2 units)
07-24-02	95851	\$76.00	\$0.00		\$36.00 per unit	MFG, MGR (I)(E)(4)	Report submitted supports delivery of service Recommended Reimbursement \$72.00 (\$36.00 for 2 units)
08-05-02	99071	\$120.00	\$0.00		DOP	MFG DME GR (VIII)	Relevant information was not submitted for date of service to confirm delivery of service. Reimbursement is not recommended
08-14-02 11-01-02	99080-73 (1 unit 2 dates of service)	\$15.00 per date of service	\$0.00		DOP	Rule 133.2(c)	Work Status report was not submitted unable to confirm service rendered therefore, reimbursement is not recommended.
09-17-02	97110	\$111.00	\$0.00		\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rational below

10-17-02 through 11-22-03	97545WH	\$102.40 (9 units of 2 hours) total \$921.60	\$0.00		\$64.00/ per hour		Per Rule 134.600 (b)(1)(B) preauthorization (certification # 020923-103) was approved prior to the requestor providing work hardening for dates of service 10-17-02 through 11-22-02 in accordance with the rule carrier is liable for reasonable and necessary cost relating to health care. (\$51.20 for 18 hours) \$921.60
10-17-02 through 11-22-03	97546WH	\$307.20 (9 units of 6 hours) \$2764.80	\$0.00		\$64.00 per hour		Per Rule 134.600 (b)(1)(B) preauthorization (certification # 020923-103) was approved prior to the requestor providing work hardening for dates of service 10-17-02 through 11-22-02 in accordance with the rule carrier is liable for reasonable and necessary cost relating to health care. (\$51.20 for 54 hours) \$2764.80

11-15-02	97750-FC	\$210.00	\$0.00		\$100.00	MFG MGR (I)(E)(2)(a)	Relevant information was not submitted for date of service to confirm delivery of service. Reimbursement is not recommended
02-28-03	99080	\$15.00	\$0.00				Soap notes did not confirm delivery of service. Reimbursement is not recommended
TOTAL		\$3215.00					The requestor is entitled to reimbursement of \$5798.40

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 is hereby issued this 14th day of July 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 05-31-02 through 08-01-02 in this dispute.

This Order is hereby issued this 14th day of July 2004.

Roy Lewis, Supervisor
 Medical Dispute Resolution

NOTICE OF INDEPENDENT REVIEW DECISION

AMENDED LETTER

July 2, 2003

MDR Tracking #: M5-03-2056-01

IRO Certificate #: IRO 4326

The ___ 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. ___ 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

This patient was injured while pulling on a wire ____. He reported pain in his neck and back. He had a lumbar MRI on 05/23/02, which revealed mild disc bulges at L2-S1. The cervical MRI performed on 07/08/02 showed mild spondylosis but severe central stenosis producing half cord compression at C3-4. At C4-5, C5-6, and C6-7 there was severe spondylosis with moderate left foraminal stenosis at C6-7. The patient saw a chiropractor for treatment and therapy.

Requested Service(s)

Joint mobilization, therapeutic exercises, myofascial release, office visits with and without manipulations, range of motion measurements, muscle testing, electrical stimulation and special reports rendered from 08/14/02 through 12/17/02

Decision

It is determined that the joint mobilization, therapeutic exercises, myofascial release office visits with and without manipulations, range of motion measurements, muscle testing, electrical stimulation and special reports rendered from 08/14/02 through 12/17/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

After reviewing the medical record, it is clear that the patient suffered a soft tissue strain/sprain condition as the result of an occupational accident. Initial complaints were regarding the lumbar

spine. As of 08/14/02, this patient had undergone an exhaustive course of chiropractic care including extensive active rehabilitation, manual chiropractic procedures, and passive care.

It is also clinically clear from a review of the documentation that this patient was not making significant strides in regards to objective progress given the mechanism of injury and the extensive nature of the care offered him. From re-exam to re-exam the objective findings vary wildly. In practically every re-exam some values would drop and some would increase. However, from a retrospective standpoint, it is not obvious that as of 07/31/02 and into early 08/02, that this patient was making significant strides. Similarly, subjective pain levels varied wildly as well. It is not evident from a subjective standpoint that in 07/02 and into 08/02 that subjective pain levels were being affected in a significant and sustainable positive fashion. It is also evident that psychological intervention and/or work hardening would have been appropriate at that juncture. Eventually, the patient made significant strides in objective progress; however, it is not clear that these strides were beyond what would have been typically expected from a natural progression or history of this soft tissue condition given the mechanism of injury and the off work status. Therefore, it is determined that the joint mobilization, therapeutic exercises, myofascial release, office visits with and without manipulations, range of motion, measurements, muscle testing, electrical stimulation and special rendered from 08/14/02 through 12/17/02 were not medically necessary.

Sincerely,