

MDR Tracking Number: M5-03-2076-01

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 04-21-03.

The IRO reviewed office visits, physical medicine treatments (ultrasound, active therapy, myofascial release, therapeutic exercises, and joint mobilization rendered from 08-08-02 through 08-27-02 and 09-16-02 through 10-08-02 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 active therapy, ultrasound, and joint mobilization.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for office visits, myofascial release, electrical stimulation, and therapeutic exercises. 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
09/04/02	97530 (2 units)	\$70.00	\$0.00	D	\$35.00	MFG MGR (I)(A)(11)(b)	Soap notes do not confirm delivery of service. Reimbursement is not recommended.

	97110	\$70.00	\$0.00	D	\$35.00	MFG MGR (I)(A)(9)(b)	See rational below	
	99213	\$48.00	\$0.00	D	\$48.00	MFG E/M GR (IV)(C)(2)	Soap notes confirm delivery of service. Recommended Reimbursement \$48.00	
	97265	\$43.00	\$0.00	D	\$43.00	MFG MGR (I)(C)(3)	Soap notes confirm delivery of service. Recommended Reimbursement \$43.00	
	97250	\$43.00	\$0.00	D	\$43.00	MFG MGR (I)(C)(3)	Soap notes confirm delivery of service. Recommended Reimbursement \$43.00	
TOTAL		\$274.00					The requestor is entitled to reimbursement of \$134.00	

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.

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 08-08-02 through 10-08-02 in this dispute.

This Decision is hereby issued this 2nd day of March 2004.

Georgina Rodriguez
 Medical Dispute Resolution Officer
 Medical Review Division

June 23, 2003

David Martinez
 TWCC Medical Dispute Resolution
 4000 IH 35 South, MS 48
 Austin, TX 78704

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___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

This patient was injured on his job with ___ when he was loading a machine and slipped, falling. He injured his right wrist and hand as well as his forearm and shoulder. Initial treatment was passive in nature and progressed to active treatment. He also received medical intervention in that steroid was administered to the patient's finger. FCE indicated a light-to-medium work duty on September 19, 2002 and the patient was progressed into a work hardening program. MMI was assessed on November 14, 2002 with 8% whole person by the treating doctor. A peer review was performed by ___, which generally agreed with the treatment protocol, but took exception to the frequency of the treatment.

DISPUTED SERVICES

The carrier has denied the medical necessity of physical medicine treatments rendered from August 8, 2002 through October 8, 2002.

DECISION

The reviewer agrees with the prior adverse determination regarding the use of one-on-one active therapy (97530), ultrasound (97035) and joint mobilization (97265).

The reviewer disagrees with the adverse determination for all other treatments rendered.

BASIS FOR THE DECISION

The reviewer finds that there was good care rendered on this case for the most part. Documentation does indicate that the patient made good progress with active therapy. There is no reason for a patient to have the intensive one-on-one therapy along with the therapeutic exercises as was billed on this case.

The 97110 code billed was appropriate and sufficient to help this patient return to the workplace. Passive therapy in the form of ultrasound is also not indicated in this case as the point rendered. The patient should have been in exclusive active treatment at that point. Joint mobilization is a form of manipulation, which is not documented as being necessary outside the scope of the normal chiropractic adjustment. All other care was reasonable and necessary and well documented on this case.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,