

MDR Tracking Number: M5-03-2105-01

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 07-30-03.

The IRO reviewed muscle testing, office visits, physical performance test, myofascial release, therapeutic procedures, manual traction, range of motion, and joint mobilization rendered from 11-29-02 through 01-13-03 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 muscle testing, office visits, physical performance test, myofascial release, therapeutic procedures, manual traction, range of motion, and joint mobilization. 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** 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. Relevant information was not submitted by the requestor in accordance with Rule 133.309 (g)(3) to confirm delivery of service for the fee component for dates of services 12-05-02, 12-19-02, 12-24-02, 12-31-02 and 01--31-03 and in this dispute. Therefore reimbursement is not recommended.

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
11-29-02	95851	\$36.00	0.00	G	\$36.00	MFG, MGR (I)(E)(4)	Range of motion (95851) is not considered global to any other service billed on this date. Recommended Reimbursement \$36.00
12-18-02	97122	\$35.00	0.00		\$35.00	MFG, MGR (I)(A)(10)(a)	SOAP notes do not support delivery of service. Reimbursement is not recommended

	97110	\$140.00	0.00		\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See rational below
TOTAL		\$211.00					The requestor is entitled to reimbursement of <b>\$36.00</b>

**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 2<sup>nd</sup> day of April 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 11-29-02 through 01-09-03 in this dispute.

This Order is hereby issued this 2<sup>nd</sup> day of April 2004.

Roy Lewis, Supervisor  
 Medical Dispute Resolution  
 Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

**Amended Letter**  
**Note:** Decision

June 19, 2003

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 IRO Certificate #: IRO4326

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. \_\_\_'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

This patient sustained an injury on \_\_\_ while running a floor-stripping machine. He slipped on the wet floor and developed pain in the low back and right upper chest. He went to a chiropractor for treatments and therapy. A lumbar MRI dated 12/20/02 revealed a grade I anterolisthesis and facet joint hypertrophy at L4-5.

#### Requested Service(s)

Office visits, myofascial release, joint mobilization, therapeutic procedure, manual traction, physical performance testing, and range of motion and muscle testing for the following dates, 11/29/02-12/04/02, 12/11/02-12/17/02, 12/19/02,12/27/02, and 01/09/03-01/13/03

#### Decision

It is determined that the office visits, myofascial release, joint mobilization, therapeutic procedure, manual traction, physical performance testing, and range of motion and muscle testing for the following dates, 11/29/02-12/04/02, 12/11/02-12/17/02, 12/19/02,12/27/02, and 01/09/03-01/13/03 were medically necessary to treat this patient's condition.

#### Rationale/Basis for Decision

The patient has documented complicating factors in view of the positive MRI findings. Given this fact, an aggressive course of care is warranted. Moreover, the physician adequately documented the patient's response to care, which showed objective progress throughout the course of treatment. This objective progress was proven via comparative range of motion studies as well as muscle strength testing. The course of care offered this patient provided relief of symptoms and enabled him to progress into a medium physical demand category on or before 02/13/03.

In reference to the unusual travel, it is not evident in the medical record why travel arrangements were necessary for this particular patient. It is not evident that this patient was unable to provide his own transportation to and from his treatment sessions. Therefore, it is determined that the office visits, myofascial release, joint mobilization, therapeutic procedure, manual traction, physical performance testing, and range of motion and muscle testing for the following dates, 11/29/02-12/04/02, 12/11/02-12/17/02, 12/19/02,12/27/02, and 01/09/03-01/13/03 were medically necessary.

Sincerely,