

MDR Tracking Number: M5-03-2253-01

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 05-08-03.

The IRO reviewed MRI, office visits, therapeutic exercises, electrical stimulation, ultrasound therapy, manual and mechanical traction rendered from 07-23-02 through 01-15-03 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 the MRI and additional units of therapeutic exercises.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for office visits, four units of therapeutic exercises for each visit, electrical stimulation, ultrasound, manual, and mechanical traction. 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 \$650.00** 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 08-18-03, 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 |
|------------|------------------|---------------|-------------|------------------------|--|-------------------------|---|
| 07-29-02 | 99214 | \$112.00 | 0.00 | No EOB | \$71.00 | MFG, E & M GR(IV)(C)(2) | Soap notes support delivery of service. Recommended Reimbursement \$71.00 |
| 08-30-02 | 99214 | \$112.00 | 0.00 | No EOB | \$71.00 | | Soap notes support delivery of service. Recommended Reimbursement \$71.00 |
| 10-04-02 | 99214 | \$112.00 | 0.00 | No EOB | \$71.00 | | Soap notes support delivery of service. Recommended Reimbursement \$71.00 |
| 10-16-02 | 97110 (8 units) | \$280.00 | 0.00 | No EOB | \$35.00 per unit | MFG, MGR (I)(A)(9)(b) | See Rational below |
| | 97112 | \$40.00 | 0.00 | No EOB | \$35.00 | MFG MGR (I)(A)(9)(b) | Soap notes support delivery of service. Recommended Reimbursement \$35.00 |
| | 99213 | \$73.00 | 0.00 | No EOB | \$48.00 | MFG, E & M GR(IV)(C)(2) | Soap notes support delivery of service. Recommended Reimbursement \$48.00 |
| 10-23-02 | 90801 (210 mins) | \$630.00 | 0.00 | No EOB | \$3.00 per min. | MFG MGR ((II)(G)(3) | Soap notes support delivery of service for 3 hour. Recommended Reimbursement \$540.00 (180 mins * \$3.00 per min) |
| 12-19-02 | 99213 | \$73.00 | 0.00 | F | \$48.00 | MFG, E & M GR(IV)(C)(2) | Soap notes support delivery of service. Recommended Reimbursement \$48.00 |
| 12-20-02 | 99213 | \$73.00 | 0.00 | F | \$48.00 | | Soap notes support delivery of service. Recommended Reimbursement \$48.00 |
| 01-03-03 | 99213 | \$73.00 | 0.00 | F | \$48.00 | | Soap notes support delivery of service. Recommended Reimbursement \$48.00 |

| | | | | | | | |
|----------|-------|-----------|------|--------|---------|--|---|
| 01-08-03 | 99213 | \$73.00 | 0.00 | F | \$48.00 | | Soap notes support delivery of service. Recommended Reimbursement \$48.00 |
| 01-10-03 | 99213 | \$73.00 | 0.00 | F | \$48.00 | | Soap notes support delivery of service. Recommended Reimbursement \$48.00 |
| 01-13-03 | 99214 | \$112.00 | 0.00 | F | \$71.00 | | Soap notes support delivery of service. Recommended Reimbursement \$71.00 |
| 10-16-02 | 99213 | \$73.00 | 0.00 | No EOB | \$48.00 | | Soap notes support delivery of service. Recommended Reimbursement \$48.00 |
| TOTAL | | \$1909.00 | | | | | The requestor is entitled to reimbursement of \$1195.00 |

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 is hereby issued this 19th 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 07-29-02 through 10-16-02 in this dispute.

This Order is hereby issued this 19th day of April 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

April 7, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

**REVISED REPORT
Corrected Disputed Services**

Re: MDR #: M5-03-2253-01
IRO Certificate No.: 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This 35-year-old male claimant experienced back and leg pain following a work-related injury on ___. He was evaluated and passive therapy was started and continued for five weeks. When the acute signs and symptoms had decreased, he was entered into an active rehabilitation program.

Disputed Services:

MRI of the lumbar spine, office visits, therapeutic exercises, electrical muscle stimulation, ultra sound, and manual and mechanical traction during the periods of 7/23/02 through 10/10/02; 10/17/02 through 10/22/02; 10/25/02 through 01/15/03.

Decision and Rationale:

The reviewer partially agrees with the determination of the insurance carrier as follows:

- MRI of the lumbar spine (72148-26) 07/23/01 – Not Medically Necessary - reading by the treating physician would not be considered usual and customary when a reading is previously provided by a radiologist.

- Office Visit (99213 & 99214) 01/15/03– Medically Necessary – the patient had problems that required decision-making for treatment and for referrals. The office visit scheduled with physical therapy and rehab appears to be within the generally accepted guidelines for an individual with these types of problems.
- Therapeutic Exercises (97110) 08/20/02 thru 01/15/03 – Medically Necessary – medical documentation reviewed supports the necessity of care for four units of the above-mentioned therapy for each office visit billed. (X4 for each visit.)
- Electrical Muscle Stimulation (97032), Ultrasound (97035), and Manual and Mechanical Traction (97012) 12/19/02 thru 12/20/02 – Medically Necessary – documentation supports necessity of care for the above-mentioned modalities to include only one unit of each modality per office visit during the designated period of time.

The treating physician, referral physicians, and designated doctors all express similar opinions in continuing the passive/active care.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.