THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-4676.M5

MDR Tracking Number: M5-03-2279-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2003 and Commission Rule 133.305 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.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous adverse determination that office visits, x-rays, joint mobilization, myofascial release, traction, therapeutic procedure, unusual travel, data analysis, physical performance evaluation, range of motion testing, sensory nerve testing, temperature gradient study, neuromuscular stimulator and special reports were **not medically necessary.** Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that office visits, x-rays, joint mobilization, myofascial release, traction, therapeutic procedure, unusual travel, data analysis, physical performance evaluation, range of motion testing, sensory nerve testing, temperature gradient study, neuromuscular stimulator and special reports were the only fees involved in the medical dispute to be resolved. As the treatment was **not found to be medically necessary**, reimbursement for dates of service 7/29/02 through 12/24/02 are denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 25th day of July 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

[IRO #5259]

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M5-03-2279-02

July 22, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

July 15, 2003

Dear ___:

I have received your request for IRO peer review concerning the above named claimant and case file as of 06/02/03. The following are observations and formulated opinions made solely from documentation available for review:

BRIEF CLINICAL HISTORY:
Based on materials provided for review, it appears that this patient is allegedly injured at work on ___ as a result of a fall to her hands and knees on a slippery floor. She apparently presented initially to ___, where she was treated conservatively for conditions including: contusions of hands and knees, neck sprain/strain, thoracic sprain/strain, lumbar sprain/strain and posttraumatic headaches. This patient also underwent chiropractic care and passive modalities with a ___, DC through 07/27/02. A right knee CT scan was performed 07/18/02 suggesting preexisting degenerative changes and evidence of previous arthroscopic surgery from 1998. Lumbar CT scan suggests bilateral spondylosis at L5/S1. The patient appears to change doctors on 07/29/02 and is seen by ___, MD, and then to ___, DC, for manipulations and multiple physical therapy modalities. The patient also undergoes pain injections with ___, DO, Multiple repeat imaging, neurodiagnostic and physical performance tests are performed. Patient continues extensive chiropractic treatment through 12/24/02.

SUMMARY OF ISSUES:

Medical Necessity & Appropriateness of Treatment (Items In Dispute 07/29/02 -12/24/02)

*Office Visits (99213-MP) 07/29/02 - 12/24/02: The. 99213 BIM service performed by doctors of chiropractic in the Texas Worker's Compensation System generally includes a physical evaluation component as well as a management component, which includes manipulation or mobilization unless otherwise distinguished. On multiple treatment sessions, the chiropractor provided manipulation (adjustments), mobilization (97265), myofascial release (97250), and manual traction (97122) to the same area effecting the same *tissues and structures. No appropriate* modifier is used to distinguish these similar manual therapies from the primary procedure performed as the

management component of service. This appears to be a duplication of same or similar services and is not supported by clinical rationale for conditions described, I can see no appropriate medical necessity for the combination of these services as provided.

*95904-WP Neurordiagnostic Services (whole procedure), This service appears to have been billed on 08/15/02 and appears to correspond to multiple services provided by unknown providers on 08/20/02 and 08/28/02 for Sensory Nerve CPT Tests. There is no specific clinical rationale provided by ___ or Dr. ___, and no technician is identified in documentation. Medical necessity for this service is not supported.

*Physical Performance Test (97750-MT) appears to correspond to Physical Performance Evaluations performed and identified on multiple dates, There are no corresponding notes, comments or clinical correlations made regarding these services made in doctors notes concerning treatment or diagnostic modifications from this data. These do not appear to meet criteria for functional capacity evaluations. Medical necessity for this service is not supported.

*Unusual Physician Travel (99082) billed on multiple dates of service has no corresponding DOP or other supporting explanation available in documentation on corresponding dates provided. Medical necessity for this service is not supported.

Analysis of Data (99090) appears to be billed on multiple occasions and has no corresponding explanation, rationale or documented purpose in notes of corresponding dates of service. Medical necessity for this service is not supported.
*Range of Motion Measurements (95851) billed on multiple occasions does not appear to directly correspond to documentation submitted, Some DOP relating to ROM services appear to have dates scratched out and then re-written by hand without explanation. In addition, ROM evaluations are generally considered part of the doctor's initial examination and subsequent reexaminations unless specific measurements are necessitated by clinical rationale or other functional indications outlined in doctor's notes, In addition, no specific clinical correlation is provided regarding diagnostic interpretation or treatment modification. Medical necessity for this service is not supported.

*Temperature Gradient Studies (93740) provided on multiple occasions suggest no specific clinical utility and have no specific clinical

rationale or corresponding treatment or diagnostic modification in doctor's notes on dates of service provided.
*Therapeutic Activities (97530) billed on multiple occasions, requires direct one-to-one patient contact by provider and generally requires a specific outline of activities with specific goals, modifications, and response to treatment. Also, provided with this service is Therapeutic Exercise (97110), which also requires DOP, suggesting measurable change through the application of clinical skills in an attempt to improve specific issues of function. No separate therapists notes are provided outlining who observed or supervised these activities or exactly which activities are provided for which functional deficit. Though some therapeutic exercise does appear generally appropriate, there is no explanation as to why home exercise and self-care instruction is not provided within a reasonable period within the natural course of care. Medical necessity for level and duration of these services is not supported.

Treatment Duration & Setting:

Chiropractic treatment provided beyond 07/29/02 appears to be a duplication of chiropractic treatment already performed and suggests very little capacity to provide progressive functional restoration. This level of care appears to be excessive given the degenerative nature of back and knee conditions, and appears to promote treatment dependence rather than recovery and functional return to work. Finally, there are many irregularities in chiropractic reporting that questions the necessity of level, frequency and duration of care provided.

There are also many inconsistencies in medical reporting, chiropractic reporting and advanced testing that questions the specific issues of clinical rationale and medical necessity.