

**THIS MDR TRACKING NO. WAS WITHDRAWN.  
THE AMENDED MDR TRACKING NO. IS: M5-04-2179-01**

MDR Tracking Number: M5-03-2620-01

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 06-18-03.

The IRO reviewed office visits with manipulations, muscle testing, therapeutic procedures, myofascial release, joint mobilization, manual traction, and special reports rendered from 09-12-02, 10-14-02 through 10-23-02, and 99213 for 10-24-02, and 10-28-02 that were denied based upon "U" and "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for office visits with manipulations, muscle testing, therapeutic procedures, myofascial release, joint mobilization, manual traction, and special reports. 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 October 2, 2003, 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
08-16-02	97265	\$46.00	0.00	T	\$43.00	MFG MGR (I)(C)(3)	Carrier denied as "T-outside of treatment guidelines." The treatment guidelines were abolished by statute effective 01-01-02; therefore, this review will be per the MFG. Soap notes

							support delivery of service. Recommended Reimbursement \$43.00
	99213	\$51.00	0.00	F	\$48.00	MFG MGR (I)(B)(1)(b)	Per EOB carrier has made pmt per MFG. Additional Reimbursement is not recommended
08-20-02	97010	\$11.00	0.00	T	\$11.00		Carrier denied as "T-outside of treatment guidelines." The treatment guidelines were abolished by statute effective 01-01-02; therefore, this review will be per the MFG. See Ration below
08-21-02	95851	\$76.00	0.00	T	\$72.00	MFG MGR (I)(E)(4)	Carrier denied as "T-outside of treatment guidelines." The treatment guidelines were abolished by statute effective 01-01-02; Soap notes do not support delivery of service. Reimbursement is not recommended
09-04-02	97110	\$111.00	0.00	No EOB	\$35.00	MFG MGR (I)(A)(9)(b)	See Rational below
	97122	\$37.00	0.00		\$35.00	MFG MGR (I)(A)(10)(a)	Soap notes support delivery of service. Recommended Reimbursement \$37.00
	97250	\$46.00	0.00		\$43.00	MFG MGR (I)(C)(3)	Soap notes support delivery of service. Recommended Reimbursement \$43.00
	97265	\$46.00	0.00		\$43.00		Soap notes support delivery of service. Recommended Reimbursement \$43.00
	99213	\$51.00	0.00		\$48.00	MFG MGR (I)(B)(1)(b)	Soap notes support delivery of service. Recommended Reimbursement \$ 48.00.
09-16-02	97110	\$111.00	0.00	F	\$105.00	MFG MGR (I)(A)(9)(b)	See Rational below
10-3-02	97110	\$111.00	0.00	F	\$71.00 paid \$34.00		See Rational below
10-07-02	97750 FC	\$420.00	0.00	F	\$400.00	MFG MGR (I)(E)(2)(a)	Soap notes do not support delivery of service. Reimbursement is not recommended.
10-14-02	99213 MP	\$51.00	0.00	F	\$48.00	MFG E/MGR (IV)(C)(2)	Soap notes support delivery of service. Recommended Reimbursement \$ 48.00.
10-15-02	99213 MP	\$51.00	0.00	F	\$48.00		Soap notes support delivery of service. Recommended Reimbursement \$ 48.00.
10-16-02	99213 MP	\$51.00	0.00	F	\$48.00		Soap notes support delivery of service. Recommended Reimbursement \$ 48.00.

10-17-02	99213 MP	\$51.00	0.00	F	\$48.00		Soap notes support delivery of service. Recommended Reimbursement \$ 48.00.	
10-24-02	97110	\$111.00	0.00	No EOB	\$105.00	MFG MGR (I)(A)(9)(b)	See Rational below	
	97122	\$37.00	0.00		\$37.00	MFG MGR (I)(A)(10) (a)	Soap notes support delivery of service. Recommended Reimbursement \$37.00	
	97250	\$46.00	0.00		\$43.00	MFG MGR (I)(C)(3)	Soap notes support delivery of service. Recommended Reimbursement \$43.00	
	97265	\$46.00	0.00		\$43.00		Soap notes support delivery of service. Recommended Reimbursement \$43.00	
10-28-02	97110	\$111.00	0.00		\$105.00	MFG MGR (I)(A)(9)(b)	See Rational below	
	97122	\$37.00	0.00		\$35.00	MFG MGR (I)(A)(10) (a)	Soap notes do not support delivery of service. Reimbursement is not recommended	
	97250	\$46.00	0.00		\$43.00	MFG MGR (I)(C)(3)	Soap notes do not support delivery of service. Reimbursement is not recommended	
	97265	\$46.00	0.00		\$43.00		Soap notes do not support delivery of service. Reimbursement is not recommended	
TOTAL		\$1701.00						The requestor is entitled to reimbursement of \$529.00

Rational

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 10<sup>th</sup> day of February 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 08-16-02 through 10-28-02 in this dispute.

This Order is hereby issued this 10<sup>th</sup> day of February 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

February 9, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION  
Amended Letter C**

**RE: MDR Tracking #: M5-03-2620-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the \_\_\_ external review panel. This \_\_\_ reviewer has been certified for level 2 of the TWCC ADL requirements. The \_\_\_ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 22 year-old male who sustained a work related injury on \_\_\_. The patient reported that while at work he fell from the 8<sup>th</sup> floor to the 7<sup>th</sup> floor injuring his back, thighs and neck. The patient underwent an MRI on 8/29/02 that indicated T11-T12 mild/moderated disc spondylosis, L2-L3 slight flexion abnormality with moderate disc/annular spondylosis, and L3-L4 moderated disc and annular spondylosis without stenosis. The patient has also undergone X-

Rays of the elbow, cervical spine, femur, lumbar spine and thoracic spine. The diagnoses for this patient have included acquired spondylolisthesis, segmental dysfunction of lumbar region, contusion of thighs and neck sprain. The patient has been treated with chiropractic care that included manipulations, physical therapy, rehabilitation, joint mobilization, hot/cold pack, massage therapy, mechanical traction, myofascial release, interferential stimulation and therapeutic exercises.

### Requested Services

Office visits with manipulations, muscle testing, therapeutic procedure, myofascial release, joint mobilization, manual traction, special reports on 9/12/02, 10/14/02 through 10/23/02, 10/24/02- CPT code 99213-MP only, 10/28/02 CPT code 99213-MP only (Do not review CPT code 99213-MP for dates of service 10/14/02, 10/15/02, 10/16/02 and 10/17/02, fee issues).

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

### Rationale/Basis for Decision

The \_\_\_ chiropractor reviewer noted that this case concerns a 22 year-old male who sustained a work related injury to his back, thighs and neck on \_\_\_. The \_\_\_ chiropractor reviewer also noted that the patient was treated with chiropractic care that include manipulations, physical therapy, rehabilitation, joint mobilization, hot/cold packs, massage therapy, mechanical traction, myofascial release, interferential stimulation and therapeutic exercises. The \_\_\_ chiropractor reviewer explained that the American Association of Orthopedic Surgeons guidelines for spondylolithesis recommends up to 10 weeks of treatment prior to a possible surgery or advanced therapy. (AAOS 1996: Low Back Treatment Guidelines.) The \_\_\_ chiropractor reviewer also explained that the back treatment and reports rendered on 9/12/02, 10/14/02 through 10/23/02, 10/24/02 and 10/28/02 were medically necessary and appropriate to treat this patient's spondylolithesis. The \_\_\_ chiropractor reviewer indicated that the muscle testing was medically necessary in order to track the patient's progress in therapy. Therefore, the \_\_\_ chiropractor consultant concluded that the muscle testing, treatment and reports rendered on 9/12/02, 10/14/02 through 10/23/02, 10/24/02 and 10/28/02 were medically necessary to treat this patient's condition.

Sincerely,

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