

MDR Tracking Number: M5-03-2685-01

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 06-23-03

The IRO reviewed therapeutic procedures and neuromuscular re-education rendered from 06-25-02 through 08-19-02 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 therapeutic procedures and neuromuscular re-education. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 08-25-03, 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 |
|----------|----------|---------|--------|-----------------|--|----------------------|---|
| 06-25-02 | 99213 | \$73.00 | \$0.00 | F | \$48.00 | MFG MGR (I)(B)(1)(b) | Soap notes didn't confirm delivery of service. No recommended reimbursement |
| 06-26-02 | 99213 | \$73.00 | \$0.00 | F | \$48.00 | MFG MGR (I)(B)(1)(b) | Soap notes didn't confirm delivery of service. No recommended reimbursement |
| 07-01-02 | 99213 | \$73.00 | \$0.00 | F | \$48.00 | MFG MGR (I)(B)(1)(b) | Soap notes didn't confirm delivery of service. No recommended reimbursement |
| 07-02-02 | 99213 | \$73.00 | \$0.00 | F | \$48.00 | MFG MGR (I)(B)(1)(b) | Soap notes didn't confirm delivery of service. No recommended reimbursement |
| 07-08-02 | 99213 | \$73.00 | \$0.00 | N | \$48.00 | MFG MGR (I)(B)(1)(b) | Soap notes didn't confirm delivery of service. No |

| | | | | | | | |
|----------|-------|-----------|--------|---|----------|----------------------|---|
| | | | | | | | recommended reimbursement |
| 07-10-02 | 99213 | \$73.00 | \$0.00 | F | \$48.00 | MFG MGR (I)(B)(1)(b) | Soap notes didn't confirm delivery of service. No recommended reimbursement |
| 07-15-02 | 99213 | \$73.00 | \$0.00 | F | \$48.00 | MFG MGR (I)(B)(1)(b) | Soap notes didn't confirm delivery of service. No recommended reimbursement |
| 07-17-02 | 99213 | \$73.00 | \$0.00 | F | \$48.00 | MFG MGR (I)(B)(1)(b) | Soap notes didn't confirm delivery of service. No recommended reimbursement |
| 08-05-02 | 99213 | \$73.00 | \$0.00 | F | \$48.00 | MFG MGR (I)(B)(1)(b) | Soap notes didn't confirm delivery of service. No recommended reimbursement |
| 08-14-02 | 99213 | \$73.00 | \$0.00 | F | \$48.00 | MFG MGR (I)(B)(1)(b) | Soap notes didn't confirm delivery of service. No recommended reimbursement |
| 08-14-02 | 97110 | \$80.00 | \$0.00 | F | \$70.00 | MFG MGR (I)(A)(9)(b) | See Rational Below |
| 08-14-02 | 97112 | \$40.00 | \$0.00 | F | \$35.00 | MFG MGR (I)(B)(1)(b) | Soap notes didn't confirm delivery of service. No recommended reimbursement |
| 08-16-02 | 99213 | \$73.00 | \$0.00 | F | \$48.00 | MFG MGR (I)(B)(1)(b) | Soap notes didn't confirm delivery of service. No recommended reimbursement |
| 08-16-02 | 97110 | \$120.00 | \$0.00 | F | \$105.00 | MFG MGR (I)(A)(9)(b) | See Rational Below |
| 08-16-02 | 97112 | \$40.00 | \$0.00 | F | \$35.00 | MFG MGR (I)(B)(1)(b) | Soap notes didn't confirm delivery of service. No recommended reimbursement |
| 08-19-02 | 99213 | \$73.00 | \$0.00 | F | \$48.00 | MFG MGR (I)(B)(1)(b) | Soap notes didn't confirm delivery of service. No recommended reimbursement |
| 08-19-02 | 97110 | \$120.00 | \$0.00 | F | \$105.00 | MFG MGR (I)(A)(9)(b) | See Rational Below |
| 08-19-02 | 97112 | \$40.00 | \$0.00 | F | \$35.00 | MFG MGR (I)(B)(1)(b) | Soap notes didn't confirm delivery of service. No recommended reimbursement |
| TOTAL | | \$1316.00 | | | | | The requestor is not entitled to reimbursement |

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 requestor did not document that the injury was severe enough to warrant one-to-one therapy, nor did the requestor document the procedure was done in a one-to-one setting. Reimbursement not recommended

This Decision is hereby issued this 26th day of January 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

August 21, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-2685-01
IRO Certificate #: IRO4326

___ 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 review. ___'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 ___ when he slipped in a puddle of oil, twisting his left knee and hitting his head on a metal box. Initially treatment was strictly medication in nature. Eventually, he was seen by a chiropractor and passive therapy began.

Requested Service(s)

Therapeutic procedures and neuromuscular re-education from 06/25/02 through 08/19/02

Decision

It is determined that the therapeutic procedures and neuromuscular re-education from 06/25/02 through 08/19/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The records indicate that the patient began active therapy on 04/26/02 at a frequency of three times per week. This active therapy continued through 08/19/02. The documentation indicates only limited response to treatment. National and spinal treatment guidelines do allow for six to eight weeks of active therapy in injuries of this nature, not the approximate four months of active therapy this patient received. Therefore, it is determined that the therapeutic procedures and neuromuscular re-education from 06/25/02 through 08/19/02 was not medically necessary.

Sincerely,