

MDR Tracking Number: M5-03-2689-01

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 June 23, 2003.

The IRO reviewed office visits, muscle testing myofascial release, joint mobilization, range of motion testing, MMI/IR exam, therapeutic procedure, FCE, required report, and physical performance test and NCV testing rendered from 10-16-01 through 12-28-01 that was denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Consequently, the requestor is not owed a refund of the paid IRO fee.

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. The office visits (99213) rendered from 7/24/02 through 8/8/02, therapeutic exercises (97110) rendered from 7/24/02 through 8/7/02 and the MMI examination rendered on 8/23/02 were found to be medically necessary. The joint mobilization muscle testing, myofascial release, physical performance test, nerve conduction study rendered from 7/24/02 through 8/7/02, office visits, joint mobilization, myofascial release, therapeutic exercises, functional capacity evaluation and special reports rendered from 8/12/02 through 9/12/02 were not found to be medically necessary. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On August 15, 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 requestor and respondent failed to submit copies of EOBs, therefore the charges will be reviewed according to the Medical Fee Guideline.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
8/8/02	97265	\$43.00	\$0.00	No EOB	\$43.00	<u>MFG, Medicine Ground Rule</u> (I)(A)(9)(c), (I)(A)(10)(a) Rule 133.307 (g)(3)	The office note submitted by the requestor supports delivery of service. Therefore, the requestor is entitled to reimbursement in the amount of \$43.00.

8/8/02	97250	\$43.00	\$0.00	No EOB	\$43.00	<u>MFG, Medicine Ground Rule</u> (I)(A)(9)(c), (I)(A)(10)(a) Rule 133.307 (g)(3)	The office note submitted by the requestor supports delivery of service. Therefore, the requestor is entitled to reimbursement in the amount of \$43.00.
8/8/02 8/9/22	97110 97110	\$175.00 \$175.00	\$0.00 \$0.00	No EOB	\$175.00 \$175.00	<u>MFG, Medicine Ground Rule</u> (I)(A)(9)(b), (I)(A)(10)(a), (I)(A)(11)(a) Rule 133.307 (g)(3)	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 (MRD) has reviewed the matters in light of the Commission requirements for proper documentation. The MRD declines to order payment because the daily notes did not indicate whether the doctor was conducting exclusively one-to-one sessions with the

							claimant, did not clearly indicate activities that would require a one-on-one therapy session, did not indicate the type of activity/therapy, did not reflect the need for one-on-one supervision and there was no statement of the claimants medical condition or symptoms that would mandate one-on-one supervision for an entire session or over an entire course of treatment. Therefore the requestor is not entitled to reimbursement of the disputed charge.
8/8/02	95851	\$36.00	\$0.00	No EOB	\$36.00	<u>MFG, Medicine Ground Rule (I)(E)(4)</u> Rule 133.307 (g)(3)	The office note submitted by the requestor does not support delivery of service. Therefore, the requestor is not entitled to reimbursement of the disputed charge.
8/9/02	99213	\$48.00	\$0.00	No EOB	\$48.00	<u>MFG, Evaluation/ Management Ground Rule (VI)(B)</u> Rule 133.307 (g)(3)	The office note submitted by the requestor supports delivery of service. Therefore, the requestor is entitled to reimbursement in the amount of \$48.00.
8/9/02	97265	\$43.00	\$0.00	No EOB	\$43.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a)</u> Rule 133.307 (g)(3)	The office note submitted by the requestor supports delivery of service. Therefore, the requestor is entitled to reimbursement in the amount of \$43.00.
8/9/02	97250	\$43.00	\$0.00	No EOB	\$43.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a)</u> Rule 133.307 (g)(3)	The office note submitted by the requestor supports delivery of service. Therefore, the requestor is entitled to reimbursement in the amount of \$43.00.
8/9/02	97750-MT	\$43.00	\$0.00	No EOB	\$43.00	<u>MFG, Medicine Ground Rule</u>	The office note submitted by the requestor does

						(I)(E)(3) Rule 133.307 (g)(3)	not support delivery of service. Therefore, the requestor is not entitled to reimbursement of the disputed charge.
8/12/02	97265	\$43.00	\$0.00	No EOB	\$43.00	<u>MFG, Medicine Ground Rule</u> (I)(A)(9)(c), (I)(A)(10)(a) Rule 133.307 (g)(3)	The office note submitted by the requestor supports delivery of service. Therefore, the requestor is entitled to reimbursement in the amount of \$43.00.
8/12/02	97250	\$43.00	\$0.00	No EOB	\$43.00	<u>MFG, Medicine Ground Rule</u> (I)(A)(9)(c), (I)(A)(10)(a) Rule 133.307 (g)(3)	The office note submitted by the requestor supports delivery of service. Therefore, the requestor is entitled to reimbursement in the amount of \$43.00.
TOTAL		\$735.00	\$0.00		\$735.00		The requestor is entitled to reimbursement in the amount of \$306.00

This Decision is hereby issued this 9th day of January 2004.

Margaret Q. Ojeda
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 7/24/02 through 8/23/02 in this dispute.

This Order is hereby issued this 9th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

August 12, 2003

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

Re: MDR #: M5-03-2689-01
IRO Certificate No.: IRO 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 male claimant suffered a work-related injury to his left hand on ____. He was initially treated with a splint and returned to work. He then began treatment with a chiropractor who referred him to an orthopedist who put the broken hand in a series of casts until approximately the beginning of July 2002. After the final cast was removed the patient began a course of therapy with the treating doctor which lasted until 08/23/02.

Disputed Services:

Office visits, muscle testing, myofascial release, joint mobilization, range of motion, MMI/IR exam, therapeutic procedures, FCE, required report, and physical performance testing and NCV studies 7/24/02 through 9/12/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier in this case. The following services were medically necessary:

CPT Code 993213: office visits from 7/24/02 through 8/8/02;

CPT Code 97110: therapeutic exercises from 7/24/02 through 8/7/02;

The MMI examination of 8/23/02.

All other services from those dates and the remaining dates under dispute were not medically necessary.

Rationale:

The patient's treatment from 7/24/02 until 8/8/02 allowed the patient sufficient time to recover from his injuries. On 8/7/02 the orthopedist gave the patient home exercises to complete as it was his opinion that the patient could independently manage his recovery from that point on. The patient was given those exercises to complete his final return to full range of motion. Guidelines prescribe two-week trials of care to determine progress.

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.

Sincerely,