

THIS DECISION HAS BEEN APPEALED. THE
 FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
 SOAH DOCKET NO. 453-04-3781.M5

MDR Tracking Number: M5-03-2828-01

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, 133.307 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 July 3, 2003.

The IRO reviewed physical medicine services and office visits, rendered from 11/7/02 through 3/24/03 denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. 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 September 3, 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.

Both the requestor and respondent failed to submit copies of EOBs. Therefore the disputed charges with no EOBs 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
11/11/02	95851	\$36.00	\$0.00	G	\$36.00	<u>MFG, Medicine Ground Rule (I)(E)(4)</u>	Per the <u>MFG, Medicine Ground Rule (I)(E)(4)</u> , the range of motion testing is not global to the office visits and physical therapy. Reimbursement is recommended in the amount of \$36.00.

11/15/02	95999-WP	\$384.00	\$0.00	N	DOP	<u>MFG, General Instructions Ground Rule (III) & (VI)</u> CPT Code descriptor	Review of the “Neuro-Selective CPT Clinical Evaluation Record”, dated 11/15/02 supports documentation of the unlisted neurological or neuromuscular diagnostic procedure. T Reimbursement is recommended in the amount of \$384.00.
11/19/02	99213	\$48.00	\$0.00	NO EOB DENIAL CODE	\$48.00	<u>MFG, Evaluation/Management Ground Rule (VI)(B)</u>	Review of the EOB for dated of service 11/19/02 reflects CPT code 99213 paid at \$48.00 (MAR reimbursement). Therefore no additional reimbursement is recommended.
11/25/02	95851	\$36.00	\$0.00	F	\$36.00	<u>MFG, Medicine Ground Rule (I)(E)(4)</u>	Review of the “F.O.C.U.S. Custom Report”, dated 11/25/03 supports delivery of service. Reimbursement is recommended in the amount of \$36.00.
12/11/02	95851	\$36.00	\$0.00	G	\$36.00	<u>MFG, Medicine Ground Rule (I)(E)(4)</u>	Per the <u>MFG, Medicine Ground Rule (I)(E)(4)</u> , the range of motion testing is not global to the office visits and physical therapy. Reimbursement is recommended in the amount of \$36.00.
12/12/02	97265	\$43.00	\$0.00	No EOB	\$43.00	<u>MFG, Medicine Ground Rule (I)(A)(10)(a) & (I)(C)(3)</u>	Review of the office note, dated 12/12/02 supports delivery of service. Reimbursement is recommended in the amount of \$43.00.
	97250	\$43.00	\$0.00	No EOB	\$43.00	<u>MFG, Medicine Ground Rule (I)(A)(10)(a) & (I)(C)(3)</u>	Review of the office note, dated 12/12/02 supports delivery of service. Reimbursement is recommended in the amount of \$43.00.
	97122	\$35.00	\$0.00	No EOB	\$35.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(b) & (I)(A)(10)(a)</u>	Review of the office note, dated 12/12/02 supports delivery of service. Reimbursement is recommended in the amount of \$43.00.
	97110	\$175.00	\$0.00	No EOB	\$175.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(b),</u>	Recent review of disputes involving CPT code 97110 by the Medical Dispute Resolution section as well as analysis from

						(I)(A)(10)(a) & (I)(A)(11)(a)	<p>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.</p> <p>The MRD declines to order payment because the notes did not clearly indicate activities that would require a one-on-one therapy session, the notes 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 charges.</p>
12/17/02	97750	\$516.00	\$0.00	No EOB	\$43.00	<u>MFG, Medicine Ground Rule</u> (I)(A)(9)(b) & (I)(A)(10)(a)	The requestor did not submit relevant information to support delivery of service. The requestor, is therefore, not entitled to reimbursement of the disputed charge.
12/24/02	95851	\$36.00	\$0.00	G	\$36.00	<u>MFG, Medicine Ground Rule</u> (I)(E)(4)	Per the <u>MFG, Medicine Ground Rule</u> (I)(E)(4), the range of motion testing is not global to the office visits and physical therapy. Reimbursement is recommended in the amount of

							\$36.00.
1/7/03	95851	\$36.00	\$0.00	F	\$36.00	<u>MFG, Medicine Ground Rule (I)(E)(4)</u>	Review of the "F.O.C.U.S. Custom Report", dated 1/7/03 supports delivery of service. Reimbursement is recommended in the amount of \$36.00.
3/24/03	95851	\$36.00	\$0.00	G	\$36.00	<u>MFG, Surgery Ground Rule (I)(C)</u> <u>MFG, Medicine Ground Rule (I)(E)(4)</u>	Review of the Operative report dated 3/11/03 revealed that the injured worker underwent surgery. Therefore, the range of motion testing was performed during the 90 global period. The requestor is therefore not entitled to reimbursement of the disputed charge.
TOTAL		\$1,460.00	\$0.00		\$603.00		The requestor is entitled to reimbursement in the amount of \$693.00.

This Decision is hereby issued this 27th day of January 2004.

Margaret Q. Ojeda
 Medical Dispute Resolution Officer
 Medical Review Division
 MQO/mqo

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 11/7/02 through 3/24/03 in this dispute.

This Order is hereby issued this 27th day of January 2004.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division
 RL/mqo

August 26, 2003

Amended January 21, 2004

David Martinez
 TWCC Medical Dispute Resolution
 4000 IH 35 South, MS 48
 Austin, TX 78704

MDR Tracking #:
 IRO #:

M5-03-2828-01
 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ was performing repeated packaging on ___ when she felt popping in the left wrist followed by pain and then swelling. At that time she was referred for physical therapy but declined treatment. On 11/7/02 she presented to ___ for evaluation and treatment.

DISPUTED SERVICES

Under dispute is the medical necessity of physical medicine services, special reports and office visits from 11/7/02 through 3/24/03.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The documentation provided justifies treatment rendered as medically necessary. Range of motion testing performed on 11/1/02, 12/11/02 and 1/7/03 document steady and good improvement.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

