

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 7, 2003.

The IRO reviewed office visits from 7/19/02 thru 8/5/02, 8/9/02, office visit on 8/12/02, 8/14/02 thru 8/19/02, and office visits from 8/20/02 thru 9/5/02 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.

The office visits from 7/19/02 through 8/5/02, all charges on 8/9/02, office visit on 8/12/02, all charges on 8/14/02 were found to be medically necessary.

The office visits from 8/20/02 through 9/5/02 and all charges from 8/15/02 through 8/19/02 were not found to be medically necessary.

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

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
7/16/02	97035	\$26.00	\$0.00	N	\$22.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG. Reimbursement</u> is recommended in the amount of \$22.00.
	97014	\$18.00	\$0.00	N	\$15.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG. Reimbursement</u>

							is recommended in the amount of \$15.00.
	A4556 Electrodes	\$50.00	\$0.00	N	DOP	<u>MFG. General Instructions Ground Rule (III) &amp; (VI)</u>  HCPCS code descriptor	Review of the office visit note does not document that Electrodes were supplied to the injured worker and/ or utilized during the office visit. Therefore reimbursement is not recommended.
7/19/02	97035	\$26.00	\$0.00	N	\$22.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$22.00.
	97010	\$15.00	\$0.00	N	\$11.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$11.00.
	97014	\$18.00	\$0.00	N	\$15.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$15.00.
7/23/02	97035	\$26.00	\$0.00	N	\$22.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$22.00.
	97014	\$18.00	\$0.00	N	\$15.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$15.00.
	97010	\$15.00	\$0.00	N	\$11.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(ii),</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the

						(I)(A)(10)(a-b)	<u>MFG.</u> Reimbursement is recommended in the amount of \$11.00.
7/24/02	97035	\$26.00	\$0.00	N	\$22.00	<u>MFG.</u> <u>Medicine</u> <u>Ground Rule</u> (I)(A)(9)(a)(iii), (I)(A)(10)(a)	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$22.00.
	97014	\$18.00	\$0.00	N	\$15.00	<u>MFG.</u> <u>Medicine</u> <u>Ground Rule</u> (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$15.00.
	97010	\$15.00	\$0.00	N	\$11.00	<u>MFG.</u> <u>Medicine</u> <u>Ground Rule</u> (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$11.00.
7/26/02	97035	\$26.00	\$0.00	N	\$22.00	<u>MFG.</u> <u>Medicine</u> <u>Ground Rule</u> (I)(A)(9)(a)(iii), (I)(A)(10)(a)	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$22.00.
	97014	\$18.00	\$0.00	N	\$15.00	<u>MFG.</u> <u>Medicine</u> <u>Ground Rule</u> (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$15.00.
	97010	\$15.00	\$0.00	N	\$11.00	<u>MFG.</u> <u>Medicine</u> <u>Ground Rule</u> (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$11.00.
8/2/02	97035	\$26.00	\$0.00	N	\$22.00	<u>MFG.</u> <u>Medicine</u> <u>Ground Rule</u> (I)(A)(9)(a)(iii), (I)(A)(10)(a)	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in

							the amount of \$22.00.
	97014	\$18.00	\$0.00	N	\$15.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$15.00.
	97010	\$15.00	\$0.00	N	\$11.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$11.00.
8/5/02	97035	\$26.00	\$0.00	N	\$22.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$22.00.
	97014	\$18.00	\$0.00	N	\$15.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$15.00.
	97010	\$15.00	\$0.00	N	\$11.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$11.00.
8/12/02	97035	\$26.00	\$0.00	N	\$22.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$22.00.
	97014	\$18.00	\$0.00	N	\$15.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$15.00.
	97010	\$15.00	\$0.00	N	\$11.00	<u>MFG. Medicine</u>	Review of the "Daily Treatment Log" meets

						<u>Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$11.00.
8/21/02	97035	\$26.00	\$0.00	N	\$22.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$22.00.
	97014	\$18.00	\$0.00	N	\$15.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$15.00.
	97010	\$15.00	\$0.00	N	\$11.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$11.00.
8/23/02	97035	\$26.00	\$0.00	N	\$22.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$22.00.
	97014	\$18.00	\$0.00	N	\$15.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$15.00.
	97010	\$15.00	\$0.00	N	\$11.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$11.00.
8/27/02	97035	\$26.00	\$0.00	N	\$22.00	<u>MFG, Medicine</u>	Review of the "Daily Treatment Log" meets

						<u>Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)</u>	the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$22.00.
	97014	\$18.00	\$0.00	N	\$15.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$15.00.
	97010	\$15.00	\$0.00	N	\$11.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$11.00.
8/28/02	97035	\$26.00	\$0.00	N	\$22.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$22.00.
	97014	\$18.00	\$0.00	N	\$15.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$15.00.
	97010	\$15.00	\$0.00	N	\$11.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$11.00.
8/30/02	97035	\$26.00	\$0.00	N	\$22.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$22.00.
	97014	\$18.00	\$0.00	N	\$15.00	<u>MFG, Medicine</u>	Review of the "Daily Treatment Log" meets

						<u>Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$15.00.
	97010	\$15.00	\$0.00	N	\$11.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$11.00.
9/3/02	97035	\$26.00	\$0.00	N	\$22.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$22.00.
	97014	\$18.00	\$0.00	N	\$15.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$15.00.
	97010	\$15.00	\$0.00	N	\$11.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$11.00.
9/4/02	97035	\$26.00	\$0.00	N	\$22.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$22.00.
	97014	\$18.00	\$0.00	N	\$15.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement is recommended in the amount of \$15.00.
	97010	\$15.00	\$0.00	N	\$11.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG</u> . Reimbursement

							is recommended in the amount of \$11.00.
9/5/02	97035	\$26.00	\$0.00	N	\$22.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(iii), (I)(A)(10)(a)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$22.00.
	97014	\$18.00	\$0.00	N	\$15.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$15.00.
	97010	\$15.00	\$0.00	N	\$11.00	<u>MFG. Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)</u>	Review of the "Daily Treatment Log" meets the documentation criteria set forth by the <u>MFG.</u> Reimbursement is recommended in the amount of \$11.00.
TOTAL		\$979.00	\$0.00		\$743.00		The requestor is entitled to reimbursement in the amount of \$743.00.

**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 7/16/02 through 9/5/02 in this dispute.

This Order is hereby issued this 13<sup>th</sup> day of February 2004.

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



**AMENDED LETTER**  
**NOTE: Requested Service Dates**  
**and Decision**

NOTICE OF INDEPENDENT REVIEW DECISION

September 3, 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 #: M5-03-2851-01  
IRO Certificate #: IRO 4326

The \_\_\_ 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 care. \_\_\_ 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 to his right knee on \_\_\_ when getting down from a fire truck. He slipped on some water and fell, hyperextending his knee. He reports pain in the medial aspect of the right knee. He saw a chiropractor for treatment and rehabilitation.

Requested Service(s)

Office visits from 07/19/02 through 08/05/02, all charges on 08/09/02, the office visit on 08/12/02, all charges from 08/14/02 through 08/19/02, and office visits from 8/20/02, 09/05/02

## Decision

It is determined that the office visits from 07/19/02 through 08/05/02, all charges on 08/09/02, the office visit on 08/12/02, and all charges on 08/14/02 were medically necessary to treat this patient's condition. However, all charges from 08/15/02 through 08/19/02 and office visits from 08/20/02 through 09/05/02 were not medically necessary to treat this patient's condition.

## Rationale/Basis for Decision

This patient was diagnosed with a tear of the posterior aspect of the medial collateral ligament and possibly a torn posterior horn of the medial meniscus. In addition to being treated by the chiropractor with office visits, electrical stimulation, ultrasound, and hot/cold packs, the patient was also prescribed crutches and instructed to use ice at home.

The initial month of treatment did not result in an appreciable change in the patient's condition and current chiropractic treatment guidelines indicate that an adequate trial of care consists of two weeks of one form of care, and if no positive results are noted, the care should be changed up for the next two weeks and care should be discontinued after four weeks if no appreciable gains are noted (*Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993*).

According to the Philadelphia Panel Evidenced-Based Clinical Practice Guidelines on Selected Rehabilitation Interventions for Knee Pain, transcutaneous electrical nerve stimulation (TENS) and therapeutic exercises were beneficial for knee osteoarthritis, and there was good agreement with these recommendations from practitioners (73% for TENS, 98% for exercises). For several interventions and indications (e.g., thermotherapy, therapeutic ultrasound, massage, and electrical stimulation), there was a lack of evidence regarding efficacy. (*Philadelphia Panel Evidenced-Based Guidelines on Selected Rehabilitation Interventions for knee Pain. Phys Ther. 2001;81:1675-1700*). Therefore, it is determined that the office visits from 07/19/02 through 08/05/02, all charges on 08/09/02, the office visit on 08/12/02, and all charges from 08/15/02 through 08/19/02 and office visits from 08/20/02 through 09/05/02 were not medically necessary.

Sincerely,