

MDR Tracking Number: M5-03-3009-01

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 07-21-03.

The IRO reviewed office visits, joint mobilization, myofascial release, manual traction, therapeutic exercises, physical performance test and therapeutic activities rendered from 04-23-03 through 05-19-03 that was denied based upon "V".

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 08-18-03, 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	Reference	Rationale
5-5-03	99213	\$48.00 (1 unit)	\$0.00	No EOB	\$48.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$48.00
5-5-03	97265	\$43.00 (1 unit)	\$0.00	No EOB	\$43.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$43.00
5-5-03	97250	\$43.00	\$0.00	No	\$43.00	Rule 133.307	Requestor submitted relevant

		(1 unit)		EOB		(g)(3)(A-F)	information to support delivery of service. Reimbursement recommended in the amount of \$43.00
--	--	----------	--	-----	--	-------------	--

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Reference	Rationale
5-5-03	97122	\$35.00	\$0.00	No EOB	\$35.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$35.00
5-5-03	97110	\$140.00 (4 units @ \$35.00 per unit)	\$0.00	No EOB	\$35.00	Rule 133.307 (g)(3)(A-F)	See rationale below. No reimbursement recommended.
TOTAL		\$309.00	\$0.00				The requestor is entitled to reimbursement in the amount of \$169.00

RATIONALE: 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 for code 97110 because the daily notes did not clearly delineate the severity of the injury that would warrant exclusive one-to-one treatment.

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

Debra L. Hewitt
 Medical Dispute Resolution Officer
 Medical Review Division

DLH/dlh

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 04-23-03 through 05-19-03 in this dispute.

This Order is hereby issued this 26th day of March 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dlh

August 13, 2003

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

MDR Tracking #: M5-03-3009-01
IRO #: 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

According to the documentation provided, this patient is a 59-year-old female employed by ___. On ___ she suffered a job-related injury when she slipped and fell on a wet floor. She sought care from ___ on 3/7/03. His diagnosis included lumbar disc disorder with myelopathy, contusion of the elbow and sprain/strain of the groin, wrist and hip.

On 4/2/03 an MRI of her lumbar spine revealed two disc herniations at L3/4 (1-2 mm) and L4/5 (2-3 mm) with left facet hypertrophy. The patient underwent conservative care from 3/7/03 and was determined to be at MMI on 5/30/03 with 5% impairment.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, joint mobilization, myofascial release, manual traction, therapeutic exercises, physical performance test and therapeutic activities provided to this patient from 4/23/03-5/2/03 and 5/19/03.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The ___ reviewer finds that the conservative care rendered by ___ was reasonable and medically necessary. The care rendered falls within the parameters set forth in the Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters, a TCA Publication, 1994. The office visits, joint mobilization, myofascial release, manual traction, therapeutic exercises, physical performance test and therapeutic activities were all necessary to enhance the ability of ___ to return and maintain her position as a productive employee.

___ 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,