

MDR Tracking Number: M5-03-3051-01

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 07-24-03.

The IRO reviewed therapeutic exercises (97110), neuromuscular re-education (97112), office visit (99204) rendered from 10-03-02 through 01-30-03 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 exercises (97110), neuromuscular re-education (97112) for dates of service 01-10-03, 01-17-03 01-20-03 and 01-30-03. Consequently, the requestor is not owed a refund of the paid IRO fee.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for office visit (99204) on 10-03-02, therapeutic exercises (97110) on 11-27-02, and neuromuscular re-education (97112) on 10-28-02 and 11-27-02. 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 October 29, 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-03-02	97032 (2 units)	\$54.00	0.00	F	\$22.00/ unit	MFG MGR (I)(9)(a)(iii)	Progress note supports delivery of service. Recommended Reimbursement \$44.00 (\$22.00 for 2 units)
	97010	\$25.00	0.00	F	\$11.00	MFG MGR (I)(9)(a)(ii)	Progress note supports delivery of service. Recommended Reimbursement \$11.00
	97110 (2 units)	\$90.00	0.00	F	\$35.00	MFG MGR (I)(A)(9)(b)	See Rational

10-09-02	97010	\$25.00	0.00	F	\$11.00	MFG MGR (I)(9)(a)(ii)	Progress note supports delivery of service. Recommended Reimbursement \$11.00
	97032 (2 units)	\$54.00	0.00	F	\$22.00/ unit	MFG MGR (I)(9)(a)(iii)	Progress note supports delivery of service. Recommended Reimbursement \$44.00 (\$22.00 for 2 units)
	97110 (3 units)	\$135.00	0.00	F	\$35.00	MFG MGR (I)(A)(9)(b)	See Rational
10-28-02	97032 (2 units)	\$54.00	0.00	D	\$22.00/unit	MFG MGR (I)(9)(a)(iii)	Progress note supports delivery of service. Recommended Reimbursement \$44.00 (\$22.00 for 2 units)
	97010	\$25.00	0.00	F	\$11.00	MFG MGR (I)(9)(a)(ii)	Progress note supports delivery of service. Recommended Reimbursement \$11.00
	97110 (3 units)	\$135.00	0.00	F	\$35.00	MFG MGR (I)(A)(9)(b)	See Rational
11-25-02	97110 (3 units)	\$135.00	0.00	No EOB	\$35.00	MFG MGR (I)(A)(9)(b)	See Rational
	97112 (3 units)	\$105.00	0.00		\$105.00	MFG MGR (I)(A)(9)(b)	Progress note does not support delivery of service. Reimbursement is not recommended.
01-13-03	97110 (3 units)	\$135.00	0.00	N	\$35.00	MFG MGR (I)(A)(9)(b)	See Rational
	97112 (3 units)	\$105.00	0.00	N	\$35.00	MFG MGR (I)(A)(9)(b)	Progress notes do not support delivery of service. Reimbursement is not recommended.
11-11-02	97010	\$25.00	\$9.00	F	\$11.00	MFG MGR (I)(9)(a)(ii)	Progress note supports delivery of service. Recommended Reimbursement \$11.00
	97032 (2 units)	\$54.00	\$36.00	F	\$22.00	MFG MGR (I)(9)(a)(iii)	Progress note supports delivery of service. Recommended Reimbursement \$44.00 (\$22.00 for 2 units)
	97110 (3 units)	\$135.00	\$29.00	F	\$35.00	MFG MGR (I)(A)(9)(b)	See Rational
01-24-03	97110 (2 units)	\$90.00	0.00	No EOB	\$35.00	MFG MGR (I)(A)(9)(b)	See Rational
	97112 (3 units)	\$105.00	0.00		\$35.00	MFG MGR (I)(A)(9)(b)	Progress note supports delivery of service. Recommended Reimbursement \$105.00 (\$35.00 for 3 units)
01-27-03	97110 (2 units)	\$90.00	0.00		\$35.00	MFG MGR (I)(A)(9)(b)	See Rational

	97112 (3 units)	\$105.00	0.00		\$35.00	MFG MGR (I)(A)(9)(b)	Progress note supports delivery of service. Recommended Reimbursement \$105.00 (\$35.00 for 3 units)
TOTAL		\$1681.00					The requestor is entitled to reimbursement of \$ 430.00

Rational

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 progress notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended.

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 10-03-02, through 11-27-02 in this dispute.

This Decision is hereby issued this 13th day of February 2004.

Georgina Rodriguez
 Medical Dispute Resolution Officer
 Medical Review Division

October 27, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-3051-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties

referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 31 year-old male who sustained a work related injury on ___. The patient reported that while at work he fell off a roof 18 feet to the ground. The patient was taken to the emergency room where he was evaluated and underwent X-Rays and a CT scan. The diagnoses for this patient have included lumbar sprain/strain and thoracic sprain/strain. Treatment for this patient's condition has included oral medications and physical therapy that included ultrasound, electrical stimulation, moist heat and therapeutic exercise.

Requested Services

Neuromuscular re-education, therapeutic exercises. Dates of Service 10/3/02 CPT 99204, 10/28/02 CPT 97112, 11/27/02 CPT 97110 & 97112, 1/10/03, 1/17/03, 1/20/03 & 1/30/03.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 31 year-old male who sustained a work related injury to his lumbar and thoracic spine. The ___ chiropractor reviewer also noted that the diagnoses for this patient included thoracic and lumbar sprain/strain. The ___ chiropractor reviewer further noted that the treatment for this patient's condition has included oral medications, physical therapy, ultrasound, electrical stimulation, moist heat and therapeutic exercise. The ___ chiropractor reviewer explained that the patient responded very well to treatment from 10/3/02 through 1/1/03. However, the ___ chiropractor reviewer also explained that the patient did not show a change in his condition with treatment after 1/1/03. Therefore, the ___ chiropractor consultant concluded that the neuromuscular re-education, therapeutic exercises on dates of service 10/3/02 for CPT 99204, 10/28/02 for CPT 97112, 11/27/02 for CPT 97110 & 97112 were medically necessary to treat this patient's condition. However, the ___ chiropractor consultant concluded that the neuromuscular re-education, therapeutic exercises on dates of service 1/10/03, 1/17/03, 1/20/03 & 1/30/03 for CPT codes 97110 & 97112 were not medically necessary to treat this patient's condition.

Sincerely,