

MDR Tracking Number: M5-03-3154-01

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 08-01-03.

The IRO reviewed office visits, manual traction, joint mobilization, myofascial release, therapeutic exercises, therapeutic activities, and muscle testing rendered from 04-15-03 through 05-14-03 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 muscle testing, additional units of therapeutic exercises, therapeutic activities. On this basis, the total amount recommended for reimbursement (\$1242.00) does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. 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 two office visits between 04-15-03 and 05-14-03, two units of therapeutic exercises for each date of service, joint mobilization, and myofascial release. 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 10-21-03, 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
05-05-03	95851	\$72.00 (2 units)	0.00	G	\$36.00 per unit	MFG, MGR	Range of Motion testing is not considered global to any

						(I)(E)(4)	other service billed. Recommended Reimbursement \$72.00	
TOTAL		\$72.00						The requestor is entitled to reimbursement of <b>\$72.00</b>

**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 04-15-03 through 05-14-03 in this dispute.

This Decision is hereby issued this 6<sup>th</sup> day of April 2004.

Georgina Rodriguez  
 Medical Dispute Resolution Officer  
 Medical Review Division

**NOTICE OF INDEPENDENT REVIEW DETERMINATION**

MDR Tracking Number: M5-03-3154-01  
 IRO Certificate Number: 5259

**REVISED 2/2/04**

September 30, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

### CLINICAL HISTORY

\_\_\_, a 31-year-old male, sustained an on the job injury while working as a painter. Apparently he was working up a ladder and while attempting to step down he landed awkwardly, twisting his left knee.

He was initially seen by \_\_\_ on 01/20/03 and diagnosed with internal derangement of the left knee, sprain/strain medial collateral ligament. A comprehensive conservative treatment regime was instituted, before he changed to see \_\_\_ on 1/28/03, and some additional back injuries were reported. Treatment continued with therapeutic exercises, joint mobilization, manual traction and myofascial release. MRI scan of the left knee was obtained 2/19/02 and reported by \_\_\_ to show a complete tear of the anterior horn of the medial meniscus. Lumbar spine MRI was read as normal. The patient proceeded to surgery, undergoing a left knee arthroscopy with partial lateral meniscectomy on 4/3/03. He returned to \_\_\_ for post operative treatment, including some work hardening. He was placed at MMI on 8/22/03 with a 3% impairment rating.

### REQUESTED SERVICE(S)

Medical necessity of office visits, joint mobilization, myofascial release, manual traction, therapeutic exercises, muscle testing and therapeutic exercises from 4/15/03 through 5/14/03.

### DECISION

1. Code 99213: there is no establishment of medical necessity for more than two evaluation and management services/office visits (99213) between 4/15/03 and 5/14/03.
2. Code 97110: there is no establishment of medical necessity for more than 2 (TWO) units of therapeutic exercises per service date between 4/15/03 and 5/14/03
3. Code 97750-MT: there is establishment of medical necessity for this service on 4/30/03.
4. Code 97122: there is not establishment of medical necessity for this service for any of the disputed dates.
5. Code 97530: there is no establishment of medical necessity for this service for any of the disputed dates.
6. Code 97265: there is establishment of medical necessity for this service on all of the disputed dates.
7. Code 97250: there is establishment of medical necessity for this service on all of the disputed dates.

### RATIONALE/BASIS FOR DECISION

1. Code 99213: The patient was essentially on a focused rehabilitation/strengthening program for the left knee, which for all intents and purposes was progressing on an undeviating course. There was no evidence in the documentation suggesting the requirement for additional office visits beyond a basic monitoring every two weeks. It would be appropriate following the strength and range of motion assessments for integration/ incorporation of the data for treatment tracking/modification purposes, and a visit two weeks prior to these services.

2. Code 97110: A period of postoperative conservative care is appropriate, with the inclusion of therapeutic activities/exercises. Unfortunately there is no documentation supporting the response to exercises performed in terms of duration, sets, reps, etc. that would normally accompany such an intensive program of care.
3. According to the billed amounts, this patient underwent essentially an hour to an hour and a half of one-on-one exercises. No progression/ response/deviation to the program is indicated to support any more than two units per encounter date. The records all appear to be of the computerized, "canned" variety. They are repetitious, contain minimally clinically useful information and do not show significant progress / substantive change in treatment. Unfortunately this provides precious little clinical insight as to the patient's status, his progression or improvement/response to care.
4. Code 97750-MT: The patient participated in focused rehabilitation course for post-surgical recovery of the knee. It is reasonable to accurately monitor and validate improvement with respect to strength in this area.
5. Code 97122: Joint mobilization was billed in conjunction with manual traction, on each date of service. Manual traction is a form of joint mobilization and it is therefore duplicative to bill for manual traction when joint mobilization of the knee was performed/billed for on the same date of service. There is absolutely no rationale or indication provided as to how these therapies were distinct or separate from one another, or which type of therapeutic effect was provided that differentiated one from another.
6. Code 97350: There is no documentation dictating the requirement for function activities, nor any documentation with respect to which functional activities were performed for any of the dates of service provided.
7. Code 97265: Joint mobilization is an appropriate manual therapy procedure applied to a post-surgical knee in this phase of care.
8. Code 97250: Soft tissue work is an appropriate manual therapy procedure applied to a post-surgical knee in this phase of care.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.