

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 08-12-03.

The IRO reviewed office visits, joint mobilization, myofascial release, therapeutic exercises, manual traction, electrical stimulation, hot or cold packs, neuromuscular re-education, and paraffin bath therapy rendered from 10-07-02 through 04-04-03 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 joint mobilization, myofascial release and office visits, therapeutic exercises, manual traction, electrical stimulation, hot or cold packs, neuromuscular re-education, and paraffin bath therapy rendered after 11-01-02. On this basis, the total amount recommended for reimbursement (\$870.00) 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 office visits, therapeutic exercises, manual traction, electrical stimulation, hot or cold packs, neuromuscular re-education, and paraffin bath therapy rendered 10-07-02 through 10-31-02. 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 10-29-03, 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. Review of the Commission database reflects a TWCC 21 was filed disputing thoracic and lumbar. The TWCC 21 identifies the compensable body areas as neck, head, right arm and distal radius. HCFA's presented indicate diagnosis's and treatment was limited to cervical, right arm, and neck. The carrier inappropriately denied services to the compensable injury. On the basis the CPT codes denied for compensability or extent in the following table will be review in accordance with 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
09-25-02, 10-03-02, 10-10-02	97122 (3 units)	\$37.00 per unit	0.00	R	\$35.00	MFG, MGR (I)(A)(10)(a)	Soap notes support delivery of service for dates of service Recommended reimbursement \$105.00 (\$37.00 for 3 units)
09-25-02, 10-03-02, 10-10-02	97250 (3 units)	\$46.00 per unit		R	\$43.00	MFG MGR (I)(C)(3)	Soap notes support delivery of service for dates of service Recommended reimbursement \$129.00 (\$43.00 for 3 units)
09-25-02, 10-03-02, 10-10-02	97265 (3 units)	\$46.00		R	\$43.00	MFG MGR (I)(C)(3)	Soap notes support delivery of service for dates of service Recommended reimbursement \$129.00 (\$43.00 for 3 units)
09-25-02, 10-03-02	99213	\$51.00		R	\$48.00	MFG, E & M GR(IV)(C)(2)	Soap notes support delivery of service. Recommended Reimbursement \$ 48.00
09-30-02	97010	\$11.00		F	\$11.00	MFG MGR (I)(A)(9)(a)(ii)	Soap notes support delivery of service. Recommended Reimbursement \$11.00
	97032	\$24.00		F	\$22.00	MFG MGR (I)(A)(9)(a)(iii)	Soap notes support delivery of service. Recommended Reimbursement \$22.00
10-01-02	97032	\$24.00	0.00	F	\$22.00	MFG MGR (I)(A)(9)(a)(iii)	Soap notes support delivery of service. Recommended Reimbursement \$22.00
10-02-02	97032	\$24.00		F	\$22.00		Soap notes support delivery of service. Recommended Reimbursement \$22.00
10-07-02	95851	\$38.00		G	\$36.00	MFG, MGR (I)(E)(4)	Range of motion (95851) is not global to any other service billed on this date Recommended Reimbursement \$36.00
10-07-02	97750- MT	\$46.00		G	\$43.00	MFG MGR(I)(E)(3)	Muscle testing is not global to any other service billed on this date. Recommended Reimbursement \$43.00
10-10-02	99213- MP	\$51.00		R	\$48.00	MFG, MGR (I)(B)(1)(b)	Soap notes support delivery of service. Recommended Reimbursement \$48.00
10-11-02	97010	\$11.00		R	\$11.00	MFG MGR (I)(A)(9)(a)(ii)	Soap notes support delivery of service. Recommended Reimbursement \$11.00
10-11-02	97032	\$24.00	0.00	R	\$22.00	MFG MGR (I)(A)(9)(a)(iii)	Soap notes support delivery of service. Recommended Reimbursement \$22.00

10-11-02	97110	\$74.00		R	\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rationale Below
10-23-02	97750- MT	\$46.00		G	\$43.00	MFG MGR(I)(E)(3)	Muscle testing is not global to any other service billed on this date. Recommended Reimbursement \$43.00
10-28-02	97110	\$74.00		G	\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rationale Below
11-07-01	97750- MT	\$46.00		G	\$43.00	MFG MGR(I)(E)(3)	Muscle testing is not global to any other service billed on this date. Recommended Reimbursement \$43.00
11-12-02, 11-25-02	95851	\$38.00 per unit		G	\$36.00	MFG, MGR (I)(E)(4)	Range of motion (95851) is not global to any other service billed on this date Recommended Reimbursement \$36.00
12-10-02	95851	\$76.00	0.00	F	\$36.00 per unit	MFG, MGR (I)(E)(4)	Soap notes support delivery of service. Recommended Reimbursement \$72.00
12-19-02	97250	\$46.00		G	\$43.00	MFG MGR (I)(C)(3)	Myofascial release is not global to any other procedure billed on this date. Recommended Reimbursement \$43.00
	97750- MT	\$46.00		G	\$43.00	MFG MGR(I)(E)(3)	Muscle testing is not global to any other service billed on this date. Recommended Reimbursement \$43.00
01-15-03	97750- MT	\$138.00		G	\$43.00 per unit	MFG MGR(I)(E)(3)	Muscle testing is not global to any other service billed on this date. Recommended Reimbursement \$129.00 (\$43.00 for 3 units)
01-20-03	95851	\$76.00		G	\$36.00 per unit	MFG, MGR (I)(E)(4)	Range of motion (95851) is not global to any other service billed on this date Recommended Reimbursement \$36.00
01-27-03	97750- MT	\$138.00		G	\$43.00 per unit	MFG MGR(I)(E)(3)	Muscle testing is not global to any other service billed on this date. Recommended Reimbursement \$129.00 (\$43.00 for 3 units)
03-18-03	97545- WH (2 units)	\$102.40		No EOB	\$51.20 per hour	MFG, MGR (II)(C) & (E)	Soap notes do not support number of units billed therefore reimbursement is not recommended
	97546- WH (6 units)	\$307.20			\$51.20 per hour	MFG, MGR (II)(C) & (E)	
03-28-03	97750- FC	\$315.00	\$200.00	F	\$100.00 per hour	MFG MGR (I)(E)(2)(a)	Report submitted supports reimbursement for 3 hours. Additional reimbursement \$100.00
TOTAL		\$2213.60					The requestor is entitled to reimbursement of \$1322.00

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 has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP 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

This Decision is hereby issued this 6th day of May 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

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 8-28-01 through 12-28-01 in this dispute.

This Order is hereby issued this 6th day of May 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

October 22, 2003

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

MDR Tracking #: M5-03-3239-01
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 reviewer is on the TWCC Approved Doctor List (ADL). 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

This patient was involved in a head-on collision with another vehicle. He was riding in the back of a work truck at the time. He had immediate pain in the right upper extremity, chest and low back. He was diagnosed with a comminuted ulnar fracture and scaphoid fracture of the right wrist, as well as soft tissue injuries to the low back and neck. He was put into an upper extremity cast on the right side on October 18, 2002 and it stayed there until December of 2002. Medical records indicate a reduced range of motion of the right upper extremity. The patient progressed into a work hardening program in February of 2003. Records do indicate that a MMI was assessed on January 20, 2003 with 4% impairment. Electrodiagnostics are documented as being negative in this case.

DISPUTED SERVICES

Under dispute is the medical necessity of unusual physician travel, office visits, joint mobilization, myofascial release, therapeutic exercises, manual traction, electrical stimulation, hot or cold packs, computer data analysis, neuromuscular re-education and paraffin bath therapy from 10/7/02 through 4/4/03.

DECISION

The reviewer agrees with the prior adverse determination for myofascial release (97250) and joint mobilization (97265). The reviewer also agrees with the prior adverse determination for care rendered after November 1, 2002.

The reviewer disagrees with the adverse determination for all other care.

BASIS FOR THE DECISION

The treatment rendered on this case was reasonable until November 1, 2002, giving the patient the benefit of any doubt. The care rendered at that point does not seem to have had a positive difference in the patient's condition and was of the "diminishing returns" category. The documentation clearly shows that from about the middle of October, the patient was "about the same", with occasional instances where he demonstrated improvement. It should have occurred to the treating provider that this was not an acceptable progress level by the beginning of November and modifications should have been made to the treatment plan. Myofascial release and joint mobilization are treatments that are not documented as medically necessary and in the opinion of the reviewer these treatments are part of the normal chiropractic adjustment, which would be included in the basic office visit.

___ 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,