

MDR Tracking Number: M5-03-3284-01

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 August 14, 2003.

The IRO reviewed office visits, medical report, myofascial release, ultrasound, electrical stimulation, hot/cold packs rendered from 1/19/03 through 2/5/03 that was denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 23, 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.

Review of the Commission's records regarding the "R" denial revealed that a CCHI was completed on 11/25/02 in favor of the claimant. Therefore, the charges denied for "R" will be reviewed according to 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	Reference	Rationale
8/12/02	99213	\$60.00	\$0.00	R	\$48.00	Rule 133.307 (g)(3) <u>MFG, Evaluation/Management Ground Rule (VI)(B)</u>	Review of the office visit note supports delivery of service. Reimbursement is recommended in the amount of \$48.00.
	99080-73	\$20.00	\$0.00	R	\$15.00	Rule 133.307 (g)(3) Rule 129.5	Review of the TWCC-73 supports delivery of service. Reimbursement is recommended in the amount of \$15.00.
9/27/02	99213	\$60.00	\$0.00	R	\$48.00	Rule 133.307 (g)(3)	Review of the office visit note supports delivery of service. Reimbursement is

						<u>MFG, Evaluation/ Management Ground Rule (VI)(B)</u>	recommended in the amount of \$48.00.
	99080-73	\$20.00	\$0.00	R	\$15.00	Rule 133.307 (g)(3)  Rule 129.5	Review of the TWCC-73 supports delivery of service. Reimbursement is recommended in the amount of \$15.00.
11/8/02	99214	\$77.00	\$0.00	R	\$71.00	Rule 133.307 (g)(3)  <u>MFG, Evaluation/ Management Ground Rule (VI)(B)</u>	Review of the office visit note supports delivery of service. Reimbursement is recommended in the amount of \$71.00.
	99080-73	\$20.00	\$0.00	R	\$15.00	Rule 133.307 (g)(3)  Rule 129.5	Review of the TWCC-73 supports delivery of service. Reimbursement is recommended in the amount of \$15.00.
1/11/03	20550 x 8 units	\$912.00	\$0.00	R	\$320.00	Rule 133.307 (g)(3)  <u>MFG, Surgery Ground Rule (II)(A-B), (I)(E)(4)</u>	Review of the office/procedure note supports delivery of service. Reimbursement is recommended in the amount of \$320.00
	97110	\$60.00	\$0.00	R	\$35.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(b), (I)(A)(10)(a) &amp; (I)(A)(11)(a)</u>  Rule 133.307 (g)(3)  Section 413.016	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 need of exclusive one-to-one therapy and documentation reflection that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes

							<p>“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.</p> <p>The MRD declines to order payment because the daily notes did not clearly delineate the severity of the injury to warrant exclusive one-to-one treatment. Reimbursement is not recommended.</p>
	97250	\$60.00	\$0.00	R	\$43.00	Rule 133.307 (g)(3)	Review of the office note supports delivery of service (myofascial release). Reimbursement recommended in the amount of \$43.00.
	98925	\$56.00	\$0.00	R	\$39.00	Rule 133.307 (g)(3)	Review of the office note supports delivery of service (osteopathic manipulative treatment). Reimbursement recommended in the amount of \$39.00.
	97124	\$49.00	\$0.00	R	\$28.00	Rule 133.307 (g)(3)	Review of the office note supports delivery of service (massage). Reimbursement recommended in the amount of \$28.00.
	J3490 Unclassified Drugs	\$30.00	\$0.00	R	DOP	Rule 133.307 (g)(3)  HCPCS code descriptor	Review of the office note supports delivery of service. Reimbursement is recommended in the amount of \$30.00.
	97139-ME	\$25.00	\$0.00	R	\$25.00	Rule 133.307 (g)(3)  <u>MFG, Medicine</u> <u>Ground Rule</u> <u>(I)(C)(1)(n)</u>	Review of the office note supports delivery of service (muscle energy technique). Reimbursement recommended in the amount of \$25.00.

TOTAL			\$0.00				The requestor is entitled to reimbursement in the amount of \$683.00.
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**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 8-12-02 through 1-11-03 in this dispute.

This Order is hereby issued this 6<sup>th</sup> day of February 2004.

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

October 22, 2003

MDR Tracking #: M5-03-3284-01  
 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

\_\_\_ was injured when she was picking up some dirty laundry that was fairly heavy and she had an immediate on set of pain from the cervical spine to the lumbar spine. She initially was treated at \_\_\_ with physical therapy for about a month. She declined injections for the treatment of the pain and was apparently released at that point, from the records in the file. She then began treatment under the care of \_\_\_. She suffered a second injury when she was at work and some equipment fell on her. She was seen by \_\_\_ on June 21, 2003 and he found ongoing care to be unreasonable. No MRI/CT or electrodiagnostic studies are presented in this file.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, medical report, myofascial release, ultrasound, electrical stimulation and hot or cold packs from 1/19/03 through 2/5/03.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The care rendered in this dispute is not documented. No records are found that would indicate why such treatment would be ongoing after such an extended time and no justification of the type of treatment could be found. While two of the dates of service are included in the documentation, neither gives insight as to the reason for such extensive care or why the care would reasonably be considered to be necessary in this case. As a result, the reviewer finds that the treatment rendered was not documented as reasonable and necessary.

\_\_\_ 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,