

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-1483.M5

MDR Tracking Number: M5-02-2521-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for the following:

CPT code 97250 for DOS: 5/3/01 - 5/30/01 (10 days)
97110 for DOS: 5/3/01- 5/30/01 (2 units ea x 10 days)
97122 for DOS: 5/8/01 –5/30/01 (3 days)
99213 for DOS: 5/11/01 – 10/29/01 (7 days)
95851 for DOS: 5/8/01 (1 day)
95900, 95904, 95925, 94935 – DOS 6/13/01
99080 for DOS: 10/15/01.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity for dates of service 5/3/01 through 5/30/01 for the following:

CPT codes. 99213 for DOS: 5/8/01 (1 day)
97110 for DOS: 5/8/01 and 5/16/01 (2 days –one unit)
97265 for DOS: 5/3/01 – 5/30/01 (10 days)
95851 for DOS: 5/23/01 (1 day)

On this basis, the total amount recommended for reimbursement (\$760.00) 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.

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 the only issue to be resolved. The office visit (99213), joint mobilization (97265), one unit (each visit) of therapeutic exercise (97110) and range of motion (95851) on 5/23/01 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement charges for the office visit (99213), joint mobilization

(97265), one unit (each visit) of therapeutic exercise (97110) and range of motion (95851) on 5/23/01.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 Order is applicable to dates of service 5/3/01 through 10/29/01 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 28th day of October 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/cl

October 8, 2002

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

REVISED CORRESPONDENCE AND MEDICAL REPORT

Attention: Rosalinda Lopez

Re: Medical Dispute Resolution
MDR #: M5-02-2521-01
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

The following Medical Case Review is to correct the review dated 09/23/02, submitted 09/25/02. The original review incorrectly stated the date of injury in this case as _____. Also, the cover letter incorrectly stated the date of injury as _____. The following report accurately reports the date of injury as _____.

The independent review was performed by a matched peer with the treating health care provider. A Doctor of Chiropractic Medicine reviewed this case.

The reviewer PARTIALLY AGREES with the determination of the insurance carrier in this case. The reviewer is of the opinion that office visits with manipulations (99213-MP) from 05/08/01 through 10/29/01 were medically necessary. Joint mobilization (97265), one unit of therapeutic exercise for each visit (97110), and range of motion studies (95851) for the period 05/03/01 through 05/30/01 were medically necessary.

The reviewer is of the opinion that traction (97122) and myofascial release (97250) performed during the period 05/03/01 through 05/30/01, as well as the electro-diagnostic studies (95900-27, 95904-27, 95925-27, 94935-27) were not medically necessary. The reviewer notes that no TWCC-73 reports were available for review; therefore, they were determined to not be medically necessary.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,

MEDICAL CASE REVIEW

This is for ____. I have reviewed the medical information forwarded to me concerning MDR #M5-02-2521-01, in the area of Chiropractic. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. TWCC IRO assignment dated July 22, 2001, one page.
2. TWCC-60 Medical Dispute Resolution Request/Response, one page.
3. TWCC-60 Table of Disputed Services, 3 pages.
4. Alternate TWCC-62 Explanation of Payments, 36 pages.
5. (4) Carrier peer review reports, 18 pages.
6. (4) Treating physician reports explaining rationale for treatment, 10 pages.
7. ____, 3 pages.

8. Treating physician SOAP notes, 77 pages.
9. (3) Temperature Gradient Studies, 3 pages.
10. Examination forms, 3 pages.
11. Electro-diagnostic report, 13 pages.
12. (3) Hip and shoulder range of motion studies, 9 pages.
13. (3) Hip and shoulder muscle testing studies, 15 pages.
14. Various imaging study reports, 7 pages.

B. BRIEF CLINICAL HISTORY:

This patient reportedly was injured in a work-related automobile collision accident on ___ while driving a company truck, when the other motorist fell asleep at the wheel and struck him from behind at a high speed. He has reported injuries to his neck, left shoulder, thoracic spine, lumbar spine, left hip and leg. Apparently, the insurance company is disputing some of the injuries reported as non-compensable. From the records reviewed, it appears the patient has received approximately 32 office visits, most of which included some type of physical medicine procedures. Diagnostic testing included physical examinations, x-rays, MRI's, electro-diagnostic studies, range of motion studies, strength testing, and temperature gradient studies. The insurance carrier had five peer reviews of claims performed, dated between 5/21/01 and 10/09/01.

C. DISPUTED SERVICES:

DOS 5/03/01 through 5/30/01: 97265, Joint mobilization; 97250, Myofascial release; 97122, traction; and 97110, therapeutic exercise.
DOS 5/16/01: (95900-27, 95904-27, 95925-27, 94935-27) Electro-diagnostic studies.

DOS 5/08/01 through 10/29/01: (99213-MP) Office visits with manipulation.
DOS 5/23/01: (95851) Range of motion study.
DOS 10/15/01: (90080-73) TWCC-73 Report.

D. DECISION:

I PARTIALLY AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

DOS 5/08/01 through 10/29/01: (99213-MP) Office Visits with Manipulation.

The carrier's independent reviewer initially recommended daily office visits for up to two weeks and then reduce treatment to 2-3 times a week. The total difference in care recommended by the treating physician and a peer reviewer is only a few visits. I believe that the treating physician in this case is in a better position to determine a proper treatment schedule than the carrier's claim reviewer. The office visit schedule reviewed appears to be in line with expected usual and customary for an individual with this number of problems.

Independent Reviewer determines office visits with Manipulation to be medically necessary.

DOS 5/03/01 through 5/30/01: 97265, Joint mobilization; 97250, Myofascial release; 97122, traction; and 97110, therapeutic exercise.

Documentation failed to support the medical necessity for all modalities listed. Based on documentation reviewed, one unit of therapeutic exercise (97110) per visit is justified. Regarding joint mobilization (97265), myofascial release (97250), and traction (97122), documentation fails to meet criteria for medical necessity for all three procedures for each visit. Use of several of the above-mentioned procedures constitutes billing procedures with a similar therapeutic outcome.

Independent Reviewer determines joint mobilization (97265) to be medically necessary.

*Independent Reviewer determines **one unit** of therapeutic exercise **for each visit** (97110) to be medically necessary.*

*Independent Reviewer determines that traction (97122) is **not** medically necessary.*

*Independent Reviewer determines that myofascial release (97250) is **not** medically necessary.*

DOS 5/16/01: (95900-27, 95904-27, 95925-27, 94935-27) Electro-diagnostic studies.

Documentation does not support medical necessity for the above-mentioned services.

*Independent Reviewer determines that electro-diagnostic studies (95900-27, 95904-27, 95925-27, 94935-27) are **not** medically necessary.*

DOS 5/23/01: (95851) Range of motion study.

Objective studies to re-evaluate condition to determine progress to enable clinician to alter treatment plan is considered usual and customary.

Independent Reviewer determines that range of motion study (95851) is medically necessary.

DOS 10/15/01: (90080-73) TWCC-73 Report.

No TWCC-73 reports were available for review.

*Independent Reviewer determines that TWCC-73 (99080-73) is **not** medically necessary.*

This review utilizes treatment criteria, when possible, based on *The Texas Guideline for Chiropractic Quality and Assurance and Practice Parameters*.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 23 September 2002