

MDR Tracking Number: M5-02-2773-01

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 Medical Review Division has reviewed the IRO decision and determined, the total amount recommended for reimbursement 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 following five office visits, 2/13/02, 2/15/02, 2/18/02, 2/20/02 and 2/25/02, were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visit charges.

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 2/13/02 through 3/25/02 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 27 th day of, January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

Enc: IRO Decision

October 4, 2002

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

Patient:
TWCC #:
MDR Tracking #: M5 02 2773 01
IRO #: 5251

Ziroc 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 Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc 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 Ziroc 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 Ziroc 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

The records provided, as it relates to services rendered from 2/13/02-2/25/02, appear to be highly subjective. There was indication of "tenderness" within the cervical, lumbar and/or sacroiliac regions. There was no objective evidence documented, with the exception of the increased range of motion noted on 2/13/02. However, there were no measurements documented and/or comparative measurements to indicate such improvements. The only other documentation noted for these dates of service (2/13/02-2/25/02) was that of procedures/office visits performed.

DECISION

The reviewer agrees with some and disagrees with some of the prior adverse determination.

The reviewer agrees with the prior adverse determination based on the lack of objective findings needed to support the active and passive modalities. The procedures deemed *not* medically necessary would be 97110 (therapeutic exercise), 97250 (Myofascial Release), 97260 and/or 97261 (Manipulation), 97124 (Massage) and 97139-EU (Combination – EMS/US). The procedure code 97010 (Hydroculation/ Cryotherapy) is questionable due to the fact of the primary reasons for utilization of this modality. There was no objective evidence documented to support any of these procedures within the dates of service in question (2/13/02 – 2/25/02). Only subjective complaints were noted, such as “tenderness”.

Some of the office visits (total 5) performed would be considered medically necessary with the exception of 2/14/02. This would be based again on the lack of objective findings needed to support the visit in light of all the therapies conducted. Two of the higher office visits (99212) would be considered *not* medically necessary based of the lack of exam/objective/hands on findings. The reviewer agrees with the prior adverse determination of 2/16/02 and 2/22/02 office visits coded 99212 and of the 99211 office visit of 2/14/2002.

BASIS FOR THE DECISION

With regard to the dates of services in question (2/13/02 – 2/25/02), there is absolutely no objective evidence documented, with the exception of, possible objective evidence of increased “ROM” (range of motion) noted on 2/13/02. However, there were no measurements indicated to support/compare the documentation of increased range of motion. The documentation on all these dates of service demonstrates only “tenderness” to regions involved. There were no muscle spasms, spinal segments and/or extremity restrictions indicated and/or documented. Therefore, the evaluation (1/22/02) prior to these dates of service must be referenced, even though not the focus of this review.

With regard to the 1/22/02 evaluation, again, minimal objective evidence can be determined from the documentation. This patient demonstrated objective neurological findings. There was indication of “Provocative tests”, which would include the following tests. “*Kemp’s, Bechterew’s, Laseague’s (SLR), Fabere’s, Ely’s Heel to Buttock, Yeoman’s and Mennel’s Tests.*” According to the documentation, these tests “*revealed mild to moderate tenderness in the bilateral low back area ...*”. First, I would like to note that most of these tests would be considered classically negative but might demonstrate clinical significance.

There was no indication of myospasm, only the subjective complaint of “tenderness”. Therefore, clinical significance is questionable and/or improper documentation (no classically positive tests) was demonstrated. This leads us to the next documented discrepancy, particularly that of limited range of motion as compared to the documented degree of SLR performed. This claimant was only able to perform seventeen (17) degrees of lumbar flexion but the SLR measurements were that of seventy (70) degrees on the left and eighty (80) degrees on the right. This would represent submaximal effort upon range

of motion and the range of motion, particularly that of flexion would be discredited. Furthermore, majority of the tests indicated would be classically specific for sacroiliac (SI) joint involvement but the “*low back area ...*” was indicated. Specific / proper documentation is required, not vagueness. At any rate, this evaluation (per documentation) is highly subjective despite all the tests performed (classically negative).

With regard to the procedure code 97110 (therapeutic exercises), there was no documentation of specific exercises conducted, time spent conducting these exercises and/or specific muscle group targeting, etc. There was no documentation that these procedures were actually performed. These types of procedures are for strengthening regions that are deficient or stretching regions that are taut, in spasm, restricted, etc. Due to the lack of objective evidence documented, these procedures would not be supported. The reviewer agrees with the prior adverse determination of 2/13/02 – 2/25/02.

With regard to the procedure code 97250 (Myofascial Release), there was no documentation of specific muscle group targeting, etc. These types of procedures are for reduction of muscle spasms and/or stretching regions that are taut, in spasm, restricted, etc. Due to the lack of objective evidence documented, these procedures would not be supported. There were no myospasms documented/indicated. The reviewer agrees with the prior adverse determination of 2/13/02 – 2/25/02.

With regard to the procedure code 97260 (Chiropractic Manipulation) and/or 97261 (Additional Chiropractic Manipulation), there was no documentation of specific spinal segments restricted/fixated, etc. These types of procedures are for improving segmental (spinal joints, extremity joints, etc.) motion that are restricted/fixated/hypomobile, etc. Due to the lack of objective evidence documented, these procedures would not be supported. There were no spinal restrictions documented/indicated. The reviewer agrees with the prior adverse determination of 2/13/02 – 2/25/02.

With regard to the procedure code 97124 (Massage), there was no documentation of specific muscle group targeting, etc. These types of procedures are for reduction of muscle spasms and/or stretching regions that are taut, in spasm, restricted, etc. Due to the lack of objective evidence documented, these procedures would not be supported. There were no myospasms documented/indicated. The reviewer agrees with the prior adverse determination of 2/13/02 – 2/25/02.

With regard to the procedure code 97139-EU (Combination – EMS & US), there was no documentation of specific muscle group targeting, etc. These types of procedures are for reduction of muscle spasms and/or decrease swelling primarily. This type of modality can also reduce pain but this is secondary to the above noted conditions/factors. Due to the lack of objective evidence documented, these procedures would not be supported. There were no myospasms and/or swelling documented/indicated. Therefore, the reviewer agrees with the prior adverse determination of 2/13/02 – 2/25/02.

With regard to the procedure code 97010 (Hydroculation/Cyotherapy), there was no documentation of specific muscle groups and/or joints targeted, etc. These types of procedures are for reduction of muscle spasms and/or decrease swelling primarily. These types of modalities can also reduce pain but this is secondary to the above noted conditions/factors. Due to the lack of objective evidence documented, these procedures would not be supported. There were no myospasms and/or swelling documented/indicated. The reviewer agrees with the prior adverse determination of 2/13/02 to 2/25/02.

With regard to the procedure code 99212 (Office Visit), which requires a “*problem focused history, exam, straightforward medical decision, 10 minutes*” in length. Dates of service (DOS) 2/25/02, 2/20/02, 2/18/02, 2/15/02 and 2/13/02 would be considered medically necessary because there was some palpatory indication. However, DOS 2/22/02 and 2/16/02 would not be classified as being medically necessary. There was no “hands on” documentation. These DOS (2/22/02 & 2/16/02) would more likely be classified as a 99211 (office visit), which indicates an “*office or other out patient visit for evaluation and management, may not require the presence of a physician, 5 minutes*” in length. The reviewer agrees with the prior adverse determination for 2/22/02 and 2/16/02.

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

Nan Cunningham
President/CEO

CC: Ziroc Medical Director