

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 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for muscle testing, office visits with manipulations, myofascial release, joint mobilization and physical therapy modalities.
- b. The request was received on July 17, 2002.

### **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA's
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. TWCC 60 and/or Response to a Request for Dispute Resolution
  - b. HCFA's
  - c. Audit summaries/EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on March 18, 2003. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on March 19, 2003. The response from the insurance carrier was received in the Division on March 18, 2003. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

**III. PARTIES' POSITIONS**

1. Requestor: The requestor states in the correspondence dated June 27, 2002 that... "...On May 21, 2002 we sent a request for reconsideration to \_\_\_\_... The carrier has failed to provide Reconsideration Explanation of Benefits and/or medical audit summaries within the required 28 day period for date of 8-6-01 through 4-4-02. Carrier also failed to provide initial EOBs for the dates of 9-25-01..."
2. Respondent: The respondent states on the up-dated table they submitted on 3/19/03 that for disputed date of service 8/21/2001, "Pay"; 9/19/2001, "Pay"; 9/25/2001, "No bill submitted until TWCC-60 submitted – would deny with V"; and 9/27/2001, "Pay".
3. All dates of service with EOBs denying as "V – Based on Peer Review, Further Treatment Is Not Recommended", have been withdrawn. Requestor submitted a new Table of Disputed Service on March 24, 2003 showing disputed dates of service being 8/21/2001; 9/19/2001; 9/25/2001; and 9/27/2001.

**IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on August 21, 2001 and extending through September 27, 2001.
2. EOBs were not submitted by either party for date of service September 25, 2001 and will be reviewed per the 1996 Medical Fee Guideline.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
08/21/01 09/19/01	95851 95851	\$72.00 \$72.00	\$0.00 \$0.00	G G	\$36.00 each extremity or trunk section.  \$36.00 x 4 = \$144.00	MFG, MGR (E)(4)  CPT descriptor	Range of Motion is not considered global to an office visit. Submitted test results support level of service billed. Reimbursement in the amount of \$144.00 is recommended.
09/25/01	99213- MP	\$48.00	\$0.00	No EOB submitted	\$48.00	MFG, MGR (I)(B)(1)	Office note supports manipulation was performed; therefore, reimbursement in the amount of \$48.00 is recommended.

09/25/01	97265	\$43.00	\$0.00	No EOB submitted	\$43.00	MFG, MGR (I)(C)(3)	Office note supports joint mobilization was rendered as billed; therefore, reimbursement in the amount of \$43.00 is recommended.
09/25/01	97250	\$43.00	\$0.00	No EOB submitted	\$43.00	MFG, MGR (I)(C)(3)	Office note supports myofascial release was rendered as billed; therefore, reimbursement in the amount of \$43.00 is recommended.
09/25/01	97122	\$35.00	\$0.00	No EOB submitted	\$35.00	MFG, MGR (I)(A)(9)(a)(i)	Office note supports manual traction was rendered as billed; therefore, reimbursement in the amount of \$35.00 is recommended.
09/25/01	97110	\$105.00	No EOB submitted	No EOB submitted	\$35.00 per each 15 minutes x 3 = \$105.00	MFG, MGR (I)(9)(b)	Office note documents that "one on one therapy was utilized instead of a group setting because of the serious nature of the injury. Just letting a patient go on their own is dangerous because of the mechanics of the lumbar spine must be followed properly." However, MRD declines to order payment because the daily notes did not clearly indicate activities that would require a one-on-one therapy session and there was no statement of the claimants medical condition or symptoms that would mandate one-on-one supervision for an entire session or over an entire course of treatment. Reimbursement not recommended.
09/27/01	97750-MT	\$86.00	\$0.00	A	\$43.00 per body area x 2 = \$86.00	Rule 134.600(h) MFG, MGR (I)(E)(3)	Muscle Testing does not require preauthorization. Submitted muscle testing report supports level of service billed. Reimbursement in the amount of \$86.00 is recommended.
<b>Totals</b>		\$504.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$399.00</b>

**VI. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$399.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 27th day of March 2003.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

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