

MDR Tracking Number: M5-02-2853-01

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. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the Commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

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. There are fee issues to be resolved.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
7/24/01	99204 72114-WP 73030-WP	\$106.00 \$120.00 \$ 60.00	0.00	A	\$106.00 \$120.00 \$60.00	MFG E/M GR VI A; Radiology GR; TWCC Rule 134.600 (h)	Office visits do not require preauthorization. X-rays do not require preauthorization unless it is a repeat diagnostic study and the MAR is greater than \$350.00 or DOP. Therefore, preauthorization is not an issue. Daily office notes support services rendered; however, all three components of the office visit were not met per the ground rules in that documentation did not support comprehensive history. Recommend reimbursement of \$120.00 + \$ 60.00 = \$180.00
7/25/01	99213 97265 97250 97122 97110 95851	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00 \$ 72.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min \$ 36.00 ea extrem or trunk section	MFG E/M GR VI B; Med GR I A 10 a; CPT descriptor; 134.600 (h)	Office visits and range of motion testing do not require preauthorization. PT does not require preauthorization in the first eight weeks of treatment. Daily notes indicate claimant began physical therapy on 7-25-01. Therefore preauthorization not required.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
							Daily notes support services rendered. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 + \$ 72.00 = \$241.00. See RATIONALE below for code 97110.
7/26/01	99213 97265 97250 97122 97110 97750-MT L0515	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00 \$ 86.00 \$ 49.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min \$ 43.00 body area DOP	E/M GR VI B; Med GR I A 10 a; I E 3; Rule 134.600 (h); DME GR	Office visits, muscle testing, and DME less than \$500.00 do not require preauthorization. PT does not require preauthorization in the first eight weeks of treatment. Daily notes indicate claimant began physical therapy on 7-25-01. Therefore preauthorization not required. Daily notes support services rendered. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 + \$43.00 + \$ 49.00 = \$261.00. See RATIONALE below for code 97110.
7/27/01	99213 97265 97250 97122 97110 93740-WP	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00 \$336.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min \$ 84.00	E/M GR VI B; Med GR I A 10 a; CPT descriptor; Rule 134.600 (h)	Same as above. Documentation submitted does not support temperature gradient study. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for code 97110.
7/30/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min	E/M GR VI B; Med GR I A 10 a; Rule 134.600 (h)	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for code 97110.
7/31/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min	E/M GR VI B; Med GR I A 10 a; Rule 134.600 (h)	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for code 97110.
8/1/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min	E/M GR VI B; Med GR I A 10 a; Rule 134.600 (h)	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for code 97110.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
8/2/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min	E/M GR VI B; Med GR I A 10 a; Rule 134.600 (h)	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for code 97110.
8/7/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min	E/M GR VI B; Med GR I A 10 a; Rule 134.600 (h)	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for code 97110.
8/8/01	99080-73 99213 97265 97250 97122 97110 95851	\$ 15.00 \$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00 \$ 72.00	0.00	A	\$ 15.00 \$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min \$ 36.00 ea extrem.	Rule 129.5; E/M GR VI B; Med GR I A 10 a; CPT descriptor; Rule 134.600 (h)	Office visits, reports, and range of motion testing do not require preauthorization. PT does not require preauthorization in the first eight weeks of treatment. Daily notes indicate claimant began physical therapy on 7-25-01. Therefore preauthorization not required. Daily notes support services rendered, except for the report. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 + \$ 36.00 = \$241.00. See RATIONALE below for code 97110.
8/9/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min	E/M GR VI B; Med GR I A 10 a; Rule 134.600 (h)	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for code 97110.
8/10/01	99213 97265 97250 97122 97110 97750-MT	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00 \$ 86.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min \$ 43.00 ea body area	E/M GR VI B; Med GR I A 10 a; I E 3; Rule 134.600 (h)	Same as above. Muscle testing report supports service rendered. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 + \$ 43.00 = \$212.00. See RATIONALE below for code 97110.
8/13/01	99213 97265 97250 97122 97110 93740-WP	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00 \$252.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min \$ 84.00	E/M GR VI B; Med GR I A 10 a; CPT descriptor Rule 134.600 (h)	Same as above. Temperature Gradient Studies report dated 8-13-01 supports service rendered. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 + \$ 84.00 = \$253.00. See RATIONALE below for code 97110.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
8/15/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min	E/M GR VI B; Med GR I A 10 a; Rule 134.600 (h)	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for code 97110.
8/17/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min	E/M GR VI B; Med GR I A 10 a; Rule 134.600 (h)	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for code 97110.
8/22/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min	E/M GR VI B; Med GR I A 10 a; Rule 134.600 (h)	Office visits, reports, and range of motion testing do not require preauthorization. PT does not require preauthorization in the first eight weeks of treatment. Daily notes indicate claimant began physical therapy on 7-25-01. Therefore preauthorization not required. Daily notes support services rendered. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for code 97110.
8/22/01	95900-27 4 95904-27 6 95925-27 4 95935-27 4	\$256.00 \$384.00 \$700.00 \$212.00	0.00	A	\$ 64.00 ea nerve \$ 64.00 ea nerve \$175.00 1 + nerves \$ 53.00 ea study	Rule 134.600 (h); 96 MFG Med GR IV, B, D	NCV studies do not require preauthorization unless it is a repeat study and the # of nerves tested per CPT code makes the MAR greater than \$350.00 or DOP. Per documentation, these studies are not repeat studies and the MAR (with the technical component only) is not greater than \$350.00. Therefore, preauthorization is not an issue. Reviewed per MFG. “Electrodiagnostic Study Report of the Upper Extremities” supports interpretation of two motor nerves, six sensory nerves, one “F” reflex, and somatosensory

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
							testing which is reimbursed @ \$175.00 regardless of the # of nerves tested. Recommend reimbursement of \$ 64.00 x 8 = \$512.00 + \$175.00 + \$ 53.00 = \$740.00 x 70% = \$518.00.
8/23/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min	E/M GR VI B; Med GR I A 10 a; Rule 134.600 (h)	Office visits do not require preauthorization. PT does not require preauthorization in the first eight weeks of treatment. Daily notes indicate claimant began physical therapy on 7-25-01. Therefore preauthorization not required. Daily notes support services rendered. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for 97110.
8/24/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min	Rule 134.600 (h); E/M GR VI B; Med GR I A 10 a;	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for 97110.
8/27/01	99080-73 99213 97265 97250 97122 97110	\$ 15.00 \$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$ 15.00 \$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min	Rule 134.600 (h); Rule 129.5; E/M GR VI B; Med GR I A 10 a;	Office visits and required reports do not require preauthorization. PT does not require preauthorization in the first eight weeks of treatment. Daily notes indicate claimant began physical therapy on 7-25-01. Therefore preauthorization not required. Daily notes support services rendered. TWCC-73 was not documented on this date. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for 97110.
8/28/01	99214 97265 97250 97122 97110 71020-WP	\$ 71.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00 \$ 70.00	0.00	A	\$71.00 \$43.00 \$43.00 \$35.00 ea 15 min \$35.00 ea 15 min \$72.00	E/M GR VI B; Med GR I A 10 a; Radiology GR I A; Rule 134.600 (h)	Same as above. Also x-rays do not require preauthorization unless it is a repeat test and the MAR is greater than \$350.00. X-Ray Report dated 9-5-01 (exam date 8-28-01) and office notes support services rendered. Recommend reimbursement of \$ 71.00 + \$

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
							43.00 + \$ 43.00 + \$ 35.00 + \$ 70.00 = \$262.00. See RATIONALE below for 97110.
8/29/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 ea 15min \$ 35.00 ea 15min	E/M GR VI B; Med GR I A 10 a; Rule 134.600 (h)	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for 97110.
8/29/01	95900-27 95904-27 95925-27 95935-27	\$256.00 \$128.00 \$700.00 \$318.00		A	\$64.00 motor \$64.00 sensory \$175.00 1 or more nerves \$53.00 H or F reflex study	Rule 134.600 (h) (6); 96 MFG Med GR IV B,D	NCV studies do not require preauthorization unless it is a repeat study and the # of nerves tested per CPT code makes the MAR greater than \$350.00 or DOP. Per documentation, these are repeat studies but the MAR (with the technical component only) is not greater than \$350.00. Therefore, preauthorization is not an issue. Therefore, preauthorization is not an issue. Reviewed per MFG. "Interpretation Report of Lower Extremities" supports interpretation of two motor nerves, two sensory nerves, two "H" reflex studies, one "F" reflex (if contralateral extremity was tested to compare the affected and unaffected side, the comparison study would be considered to be part of the overall study) and somatosensory testing which is reimbursed @ \$175.00 regardless of # of nerves tested. Recommend reimbursement of \$ 64.00 x 4 = \$256.00 + \$ 53.00 x 3 = \$159.00 + \$175.00 = \$590.00 x 70% = \$413.00.
8/30/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$48.00 \$43.00 \$43.00 \$35.00 ea 15 min \$35.00 ea 15 min	E/M GR VI B; Med GR I A 10 a;	Office visits do not require preauthorization. PT does not require preauthorization in the first eight weeks of treatment. Daily notes indicate claimant began physical therapy on 7-25-01. Therefore preauthorization not required. Daily notes support services

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
							rendered. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for 97110.
8/31/01	99213 97265 97250 97122 97110 93740-WP	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00 \$252.00	0.00	A	\$48.00 \$43.00 \$43.00 \$35.00 ea 15 min \$35.00 ea 15 min \$ 84.00	E/M GR VI B; Med GR I A 10 a; CPT descriptor	Same as above. Also, Temperature Gradient studies do not require preauthorization unless it is a repeat study and the MAR is greater than \$350.00. Temperature Gradient Studies report dated 8-31-01 supports service rendered. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 + \$ 84.00 = \$253.00. See RATIONALE below for 97110.
9/4/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$48.00 \$43.00 \$43.00 \$35.00 ea 15 min \$35.00 ea 15 min	E/M GR VI B; Med GR I A 10 a;	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for 97110.
9/5/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$48.00 \$43.00 \$43.00 \$35.00 ea 15 min \$35.00 ea 15 min	E/M GR VI B; Med GR I A 10 a;	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for 97110.
9/6/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$48.00 \$43.00 \$43.00 \$35.00 ea 15 min \$35.00 ea 15 min	E/M GR VI B; Med GR I A 10 a;	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for 97110.
9/10/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$48.00 \$43.00 \$43.00 \$35.00 ea 15 min \$35.00 ea 15 min	E/M GR VI B; Med GR I A 10 a;	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for 97110.
9/11/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A	\$48.00 \$43.00 \$43.00 \$35.00 ea 15 min \$35.00 ea 15 min	E/M GR VI B; Med GR I A 10 a;	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for code 97110.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
9/13/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A		E/M GR VI B; Med GR I A 10 a;	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for 97110.
9/14/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A		E/M GR VI B; Med GR I A 10 a;	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for 97110.
9/17/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	A		E/M GR VI B; Med GR I A 10 a;	Same as above. Recommend reimbursement of \$ 48.00 + \$ 43.00 + \$ 43.00 + \$ 35.00 = \$169.00. See RATIONALE below for 97110.
9/12/01	99213 97265 97250 97122 97110 95851	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00 \$ 72.00	0.00	U	\$48.00 \$43.00 \$43.00 \$35.00 ea 15 min \$35.00 ea 15 min \$ 36.00 ea extrem	IRO decision	IRO deemed these services were not medically necessary. No reimbursement recommended.
9/24/01	99213 97265 97250 97122 97110 97750-MT	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00 \$ 86.00	0.00	V	\$48.00 \$43.00 \$43.00 \$35.00 ea 15 min \$35.00 ea 15 min		
10/2/01	99080-73	\$ 15.00	0.00	V	\$ 15.00		
10/3/01	99213 97265 97250 97122 97110 95851	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00 \$ 72.00	0.00		\$48.00 \$43.00 \$43.00 \$35.00 ea 15 min \$35.00 ea 15 min \$ 36.00 ea extrem		
10/4/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	V	\$48.00 \$43.00 \$43.00 \$35.00 ea 15 min \$35.00 ea 15 min	IRO decision	IRO deemed these services were not medically necessary. No reimbursement recommended.
10/5/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	V			

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
10/8/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$140.00	0.00	V			IRO deemed these services were not medically necessary. No reimbursement recommended.
10/10/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	V			
10/12/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	V			
10/15/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	V			
10/18/01	99213 97265 97250 97122 97110 97750-MT	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00 \$ 86.00	0.00	V	\$48.00 \$43.00 \$43.00 \$35.00 ea 15 min \$35.00 ea 15 min \$ 43.00	IRO Decision	
10/24/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$140.00	0.00	V	\$48.00 \$43.00 \$43.00 \$35.00 ea 15 min \$35.00 ea 15 min	IRO	IRO deemed these services were not medically necessary. No reimbursement recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
10/26/01	99213 97265 97250 97122 97110	\$ 48.00 \$ 43.00 \$ 43.00 \$ 35.00 \$105.00	0.00	V			IRO deemed these services were not medically necessary. No reimbursement recommended.
11/5/01 11/21/01 11/26/01 12/3/01 12/17/01 12/24/01 13/31/01	99213	\$ 48.00 x 7 = \$336.00	0.00	V	\$ 48.00		
11/9/01 12/20/01	97750-FC	\$500.00 \$200.00	0.00	V	\$100.00/hr		
11/12/01 through 11/14/01	97545WH 97546WH	\$102.40 \$307.20	0.00	V	\$ 64.00/hr minus 20% for non CARF		
11/19/01 through 11/21/01 11/23/01	97545WH 97546WH	\$102.40 \$307.20	0.00	V			
11/26/01 through 11/29/01	97545WH 97546WH	\$102.40 \$307.20	0.00	V			
12/3/01 through 12/4/01	97545WH 97546WH	\$102.40 \$307.20	0.00	V			
12/11/01 through 12/14/01	97545WH 97546WH	\$102.40 \$256.00, \$307.20	0.00	V			
12/17/01 through 12/21/01	97545WH 97546WH	\$102.40 \$256.00 \$153.60	0.00	V			
11/13/01	99213	\$ 48.00	0.00	No EOB	\$ 48.00	96 MFG E/M GR VI B	
12/5/01	97750-FC	\$200.00	0.00	No EOB	\$100.00/hr	96 MFG Med GR I E 2	ERGOS Evaluation Summary Report dated 12-5-01 support service rendered for two hours. Recommend reimbursement of \$200.00.
11/15/01	97545WH 97546WH	\$102.40 \$307.20	0.00	No EOB	\$ 64.00/hr minus 20% for non CARF = \$ 51.20	96 MFG Med GR II E	Daily work hardening notes do not indicate amount of time spent on each activity; patient response was not documented , and billed amount was not substantiated. No reimbursement recommended.
11/16/01	97545WH 97546WH	\$102.40 \$102.40	0.00	No EOB			Same as above. No reimbursement recommended.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
11/19/01	97545WH	\$102.40	0.00	No			Same as above. No reimbursement recommended.
11/20/01	97546WH	\$307.20		EOB			
12/5/01	97545WH	\$102.40	0.00	No			Same as above. No reimbursement recommended.
	97546WH	\$204.80		EOB			
TOTAL		\$27204.80	0.00				The requestor is entitled to reimbursement of \$6,721.00

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 (MRD) has reviewed the matters in light of the Commission requirements for proper documentation.

The MRD declines to order payment for CPT code 97110 because the daily notes did not indicate whether the doctor was conducting exclusively one-to-one sessions with the claimant, the notes did not clearly indicate activities that would require a one-on-one therapy session, the notes did not indicate the type of activity/therapy, the notes did not reflect the need for one-on-one supervision 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.

Since the total amount recommended for reimbursement (\$6,769.00) does not represent a majority of the medical fees of the disputed healthcare, the requestor did not prevail in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

The above Findings and Decision are hereby issued this 16th day of April 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$6,769.00 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 7-24-01 through 12-31-01 in this dispute.

This Order is hereby issued this 16th day of April 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dzt

December 17, 2002

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

Re: Medical Dispute Resolution
MDR#: M5-02-2853-01
IRO Certificate No.: IRO 5055

Dear:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation.

Clinical History:

This female claimant suffered a left shoulder injury, low back injury, left leg injury and concussion while on her job on ____. She subsequently underwent extensive physical therapy and work hardening.

Disputed Services:

Physical therapy and office visits from 09/12/01 through 12/31/01.

Decision:

The reviewer agrees with the determination of the insurance carrier in this case. The reviewer is of the opinion that the treatment and office visits in question were not medically necessary.

Rationale for Decision:

By all indications, the claimant's back injury was limited to a sprain/strain. It is reasonable to assume that five months after her injury, she had resolved this soft tissue problem. An MRI of 08/21/01 revealed subacromial/subdeltoid bursal fluid consistent with bursitis. No labral abnormality or tendon dysfunction was noted. With the absence of any significant pathology on imaging and the failure of considerable amounts of conservative therapy to significantly improve her left shoulder status, the reviewer is of the opinion that it is very unlikely that further therapy would have achieved any more substantial improvement.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional 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 who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,