

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-2990.M5**

MDR Tracking Number: M5-02-3128-01

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 that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the Order, the Commission will add 20 days to the date the Order was deemed received as outlined on page one of this Order.

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. The insurance carrier submitted proof of payment for 1-4-02, 3-8-02, 4-29-02, and 5-3-02; however, one date of service remains outstanding as a fee dispute.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
5/1/02	97124 97035 97032 97110	\$ 28.00 \$ 22.00 \$ 22.00 \$ 35.00	0.00	Z	\$28.00 ea 15 min \$22.00 ea 15 min \$22.00 ea 15 min \$35.00 ea 15 min	96 MFG Med. GR I. A. 10. a. Rule 134.600 (h)	Physical therapy treatment does not require preauthorization effective 1-1-02. Therefore, the "Z" denial code is invalid and the review will be done per the '96 MFG. Therapy Clinical Note dated 5-1-02 supports one unit each of massage, ultrasound, and electrical stimulation. Recommend reimbursement of \$ 28.00 + \$ 22.00 + \$ 22.00 = \$ 72.00 Notes do not support CPT code 97110. See RATIONALE below.
3/12/02 3/15/02 3/18/02 3/25/02 3/26/02	97124 x 20 97110 x 20 97035 x	\$ 28.00 \$ 35.00 \$ 22.00 \$ 22.00	0.00	V	\$28.00 ea 15 min \$22.00 ea 15 min \$22.00 ea 15 min \$35.00 ea 15 min	IRO Decision	The IRO determined these physical therapy sessions were medically necessary. Therefore, recommended reimbursement of \$ 28.00 +

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
3/27/02	20						\$ 35.00 + \$ 22.00 + \$ 22.00 = \$107.00 x 20 = \$2,140.00.
3/28/02	97032 x						
4/9/02	20						
4/10/02							
4/11/02							
4/15/02							
4/16/02							
4/17/02							
4/18/02							
4/23/02							
4/24/02							
4/25/02							
4/26/02							
4/30/02							
5/02/02							
TOTAL		\$2,642.00	0.00				The requestor is entitled to reimbursement of \$2,212.00 .

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 because the notes did not indicate whether the physical therapist 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, and the notes did not reflect the need for one-on-one supervision.

The above Findings and Decision are hereby issued this 25th day of March 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 \$2,212.00 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 3-12-02 through 5-2-02 in this dispute.

This Order is hereby issued this 25th day of March 2003.

Dee Z. Torres

DZT/dzt

February 4, 2003

Corrected Letter

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-02-3128-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is board certified in orthopedic surgery. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns an adult female who reported a work-related repetitive stress injury to her right hand on ___. She underwent right carpal tunnel surgery on 11/28/01. Following this surgery, she received a total of 53 physical therapy visits from 1/4/02 to 5/3/02.

Requested Services

Physical therapy treatment services rendered from 3/12/02 to 5/3/02.

Decision

The Carrier's denial of coverage for these services is overturned.

Rationale/Basis for Decision

___ physician reviewer indicated that a review of the treatment notes revealed that physical therapy was medically necessary during the disputed period from 3/12/02 to 5/3/02. ___ physician reviewer explained that this physical therapy was required to restore strength to her right hand post-operatively following the carpal tunnel release surgery. Therefore, ___ physician consultant concluded that these physical therapy services were medically necessary for treatment of the patient's condition.

Sincerely,