

MDR Tracking Number: M5-02-3273-01

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 IRO reviewed the office visits and physical therapy services rendered from 9-25-01 to 11-20-01 that were denied based upon "U".

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.

The IRO concluded that one unit of 97110 rendered on 9-27-01 was medically necessary. Therefore, the requestor is entitled to reimbursement of \$35.00

The commission has determined that **the requestor did not prevail** on the majority of the medical fees (\$35.00). 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 not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On June 13, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-9-01	97110	\$140.00	\$0.00	D	\$35.00/15 min	Medicine	The requestor did not document 1

						GR (I)(A)(9)(b) and (I)(C)9)	to 1 supervision. Reimbursement is not recommended.
11-8-01	95851	\$72.00	\$0.00	G	\$36.00 ea	CPT code Description	On this date the requestor billed for office visits and physical therapy services. Range of Motion tests are not global to these services. Report supports billed service; reimbursement of \$72.00 is recommended.
10-10-01	97750	\$43.00	\$0.00	G	\$43.00	CPT code Description	On this date the requestor billed for office visits and physical therapy services. Muscle tests are not global to these services. Report supports billed service; reimbursement of \$43.00 is recommended.
10-9-01	95851	\$72.00	\$0.00	D	\$36.00 ea.	CPT code Description	Report supports billed service; reimbursement of \$72.00 is recommended.
10-9-01	99213	\$48.00	\$0.00	D	\$48.00	CPT code Description	Services will be reviewed per MFG. The requestor supported billing for office visit, reimbursement of \$48.00 is recommended.
10-19-01	99213	\$48.00	\$0.00	L	\$48.00	Rule 126.9	Requestor was treating doctor. Reimbursement of \$48.00 is recommended.
10-19-01	97110	\$140.00	\$0.00	L	\$35.00/15 min	Rule 126.9	Requestor was treating doctor. The requestor did not document 1 to 1 supervision. Reimbursement is not recommended.
TOTAL		\$563.00					The requestor is entitled to reimbursement of \$283.00.

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$318.00 for 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 Decision is applicable for dates of service 9-25-01 through 11-20-01 in this dispute.

This Order is hereby issued this 5th day of August 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

January 6, 2003

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

Re: Medical Dispute Resolution
MDR#: M5-02-3273-01
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 Chiropractic medicine.

Clinical History:

This male patient was injured on his job of ___. He received a laceration on his calf that subsequently developed an infection, requiring an I.V. antibiotic therapy, muscle/tendon repair, skin graft, and rehabilitation to restore motion, function and strength to the right lower extremity.

Disputed Services:

Office visits and therapeutic exercise during the period of 09/27/01 through 11/13/01.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer's opinion is as follows:

Therapeutic Exercise (97110) – one unit on 09/27/01 was medically necessary.

Office Visits (99213) – are not medically necessary.

Rationale for Decision:

Regarding therapeutic exercise (97110), no documentation was found as to the type of exercises and the amount of time spent on the exercises. There is no documentation of the goals and results of those exercises noted in order to account for improvement and continued care. There is also a lack

of documentation to support any more than one unit for this particular CPT code. This is based on the *American Medical Association CPT Manual*.

Regarding office visits (99213), adequate documentation to support the need for additional evaluation and the results of that evaluation documented was not found in the notes.

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,