

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 review found the physical therapy rendered from 10-8-01 through 2-6-01 to be medically necessary.

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.

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

On February 13, 2003, the Medical Review Division submitted via facsimile 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 insurance carrier denied reimbursement for physical therapy services rendered from 10-8-01 to 12-18-01 based upon "A", "F", "D", or "T".

The requestor obtained preauthorization approval for the following services:

1. On 8-16-01, preauthorization approval for physical therapy three (3) times per week for two (2) weeks to include aquatics.
2. On 8-21-01, preauthorization approval for physical therapy three (3) times per week for four (4) weeks
3. On 10-15-01 for physical therapy three (3) times per week for four (4) weeks;
4. On 12-7-01, preauthorization approval was given for 97150, 97112 and no more than one unit of 97110, three (3) times per week for four (4) weeks.

Therefore, the insurance carrier incorrectly denied reimbursement of preauthorized treatment based upon "A" or "T".

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

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
10-8-01 10-10-01 10-17-01 10-19-01 10-22-01 10-24-01 11-9-01 11-12-01 11-15-01 11-16-01	97113	\$240.00	\$52.00 \$0.00 \$0.00 \$52.00 \$52.00 \$52.00 \$52.00 \$52.00 \$0.00 \$0.00	A, F, T	\$52.00/15 min	Rule 134.600 Medicine GR (I)(A)(9)(b) (I)(A)(11)(a) (I)(C)(9)	See above regarding denial of A and T. The requestor's reports do not support billing of one to one supervised therapy for codes 97113, 97110 and 97112 per <i>Medical Fee Guideline</i> ; therefore, reimbursement is not recommended.
12-14-01	97110 (X2)	\$70.00	\$0.00	F	\$35.00/15 min		
12-18-01	97112	\$35.00	\$0.00	F	\$35.00/15 min		
12-10-01 1-4-02	97150	\$35.00	\$0.00	F	\$43.00 or lesser charge	CPT code description	The requestor's reports support billing; therefore, reimbursement per <i>Medical Fee Guideline</i> of \$70.00 is recommended.
TOTAL		\$794.75					The requestor is entitled to reimbursement of \$70.00 .

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$70.00; and physical therapy services rendered from 1-28-02 to 2-6-02 found to be medically necessary by IRO, plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is hereby issued this 2nd day of July 2003.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

AMENDED LETTER

NOTE: Requested Service Dates

January 17, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE:

MDR Tracking #: M5-03-0347-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in physical medicine and rehabilitation which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 40 year old male sustained a work-related injury on ____. The patient had a history of previous surgery for a lumbar laminectomy. On 07/25/01 he underwent complete anterior discectomies at L4-5 and L5-S1, decompression and anterior interbody fusion. The patient underwent physical therapy sessions from 10/08/01 through 02/15/02.

Requested Service(s)

Physical therapy sessions provided from 10/08/01 through 10/19/01 and 02/06/02.

Decision

It is determined that the physical therapy sessions provided from 10/08/01 through 10/19/01 and 02/06/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient with previous lumbar surgery underwent anterior lumbar interbody fusion on 07/25/01. Following recuperation, the patient began physical therapy at 3 times per week from 10/08/01 through 02/15/02. The therapy was effective and progressive, including aquatic exercises to prevent excessive loading of the spine during strengthening exercises and progressing to more rigorous land-based exercises as his condition permitted. This was an appropriate physical therapy program that was a medically necessary part of his rehabilitation. Therefore, the physical therapy sessions provided from 10/08/01 through 10/19/01 and 02/06/02 were medically necessary.

Sincerely,