

MDR Tracking Number: M5-03-2264-01

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 133.308 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. This dispute was received on 04-03-03.

The IRO reviewed ultrasound, electrical stimulation, hot or cold packs, therapeutic exercises, myofascial release for 04-11-02, paraffin bath, diathermy, massages, and office visits rendered from 04-05-02 through 06-04-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for ultrasound, electrical stimulation, hot or cold packs, therapeutic exercises, myofascial release for 04-11-02, paraffin bath, diathermy, and massages. The Medical Review Division has also determined that the **requestor prevailed** on the issues of medical necessity for office visits from 04-05-02, 04-11-02, 04-12-02, 04-15-02, 04-17-02, 04-19-02, 04-23-02, 04-29-02, 05-03-02, 05-07-02 through 05-21-02 and 06-04-02. 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. 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 09-11-03, 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
04-03-02	99211	\$25.00	0.00	No EOB	\$18.00	MFG EM GR (IV)(C)(2)	Soap notes confirm delivery of service Recommended Reimbursement \$ 18.00
	97010	\$15.00			\$11.00	MFG MGR (I)(A)(9)(a)(ii)	Soap notes do not confirm delivery of service therefore reimbursement is not recommended

	97035	\$60.00			\$22.00	MFG MGR (I)(A)(9)(a) (iii)	
	97110	\$160.00			\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rationale Below
	97124	\$60.00			\$28.00	MFG, MGR (I)(A)(10)(b)	Soap notes do not confirm delivery of service therefore reimbursement is not recommended
04-08-02	97110	\$160.00		No EOB	\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rationale Below
	97035	\$60.00			\$22.00	MFG MGR (I)(A)(9)(a) (ii)	Soap notes do not confirm delivery of service therefore reimbursement is not recommended
	97010	\$15.00			\$11.00	MFG MGR (I)(A)(9)(a) (ii)	
	99211	\$25.00			\$18.00	MFG EM GR (IV)(C)(2)	Soap notes confirm delivery of service Recommended Reimbursement \$ 18.00
	97124	\$60.00			\$28.00	MFG, MGR (I)(A)(10)(b)	Soap notes do not confirm delivery of service therefore reimbursement is not recommended
04-10-02	99211	\$25.00		No EOB	\$18.00	MFG EM GR (IV)(C)(2)	Soap notes confirm delivery of service Recommended Reimbursement \$ 18.00
	97010	\$15.00			\$11.00	MFG MGR (I)(A)(9)(a) (ii)	Soap notes do not confirm delivery of service therefore reimbursement is not recommended
	97018	\$20.00			\$16.00	MFG MGR (I)(A)(9)(a) (ii)	
	97110	\$160.00			\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rationale Below
	97124	\$60.00			\$28.00 per unit	MFG, MGR (I)(A)(10)(b)	Soap notes do not confirm delivery of service therefore reimbursement is not recommended
04-22-02	99211	\$25.00		No EOB	\$18.00	MFG EM GR (IV)(C)(2)	Soap notes confirm delivery of service Recommended Reimbursement \$ 18.00
	97014	\$15.00			\$15.00	MFG MGR (I)(A)(9)(a) (ii)	Soap notes do not confirm delivery of service therefore reimbursement is not recommended
05-22-02	99211	\$25.00		No EOB	\$18.00	MFG EM GR (IV)(C)(2)	Soap notes confirm delivery of service Recommended Reimbursement \$ 18.00
	97014	\$15.00			\$15.00	MFG MGR (I)(A)(9)(a) (ii)	Soap notes do not confirm delivery of service therefore reimbursement is not recommended
	97024	\$35.00			\$21.00	MFG MGR (I)(A)(9)(a) (ii)	
	97110	\$160.00			\$35.00 per unit	MFG, MGR (I)(A)(9)(b)	See Rationale Below
	97124	\$60.00			\$28.00	MFG, MGR (I)(A)(10)(b)	Soap notes do not confirm delivery of service therefore reimbursement is not recommended

05-30-02	97750F C	\$200.00		No EOB	\$100.00 per hour	MFG MGR (I)(E)(2)(a)	Report submitted confirms delivery of service. Recommended Reimbursement \$ 200.00
06-26-02	99211	\$25.00		No EOB	\$18.00	MFG EM GR (IV)(C)(2)	Soap notes confirm delivery of service Recommended Reimbursement \$ 18.00
	97010	\$15.00			\$11.00	MFG MGR (I)(A)(9)(a) (ii)	Soap notes do not confirm delivery of service therefore reimbursement is not recommended
	97018	\$20.00			\$16.00	MFG MGR (I)(A)(9)(a) (ii)	
	97110	\$120.00			\$35.00	MFG, MGR (I)(A)(9)(b)	See Rationale Below
04-22-02	97110	\$160.00		No EOB	\$35.00	MFG, MGR (I)(A)(9)(b)	See Rationale Below
	97124	\$60.00			\$28.00 per unit	MFG, MGR (I)(A)(10)(b)	Soap notes do not confirm delivery of service therefore reimbursement is not recommended
TOTAL		\$1855.00					The requestor is entitled to reimbursement of <b>\$308.00</b>

### 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 has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended

### 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 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 04-03-02 through 06-26-02 in this dispute.

This Decision is hereby issued this 20<sup>th</sup> day of May 2004.

Georgina Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

**REVISION 2- 5/10/04**

July 24, 2003

IRO Certificate# 5259

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An independent review of the above-referenced case has been completed by a medical physician [board certified] in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

CLINICAL HISTORY

This is a lady who sustained a soft tissue injury (i.e. carpal tunnel syndrome) on \_\_\_\_\_. At that time she was pregnant and this limited the modalities being offered by her treating chiropractor. The pregnancy terminated on September 2, 2001. She continued to treat with chiropractic modalities. On February 5, there is a physical therapy assessment noting multiple modalities and the relative failure to ameliorate the symptoms. Symptoms persisted resulting in a surgical release of the left carpal tunnel syndrome in October 2002. A determination of maximum medical improvement was noted on March 18, 2003.

REQUESTED SERVICE (S)

1. Ultrasound
2. Massage
3. Electrical stimulation
4. Office visits from 4/5/02, 4/11/02, 4/12/02, 4/15/02, 4/17/02, 4/19/02, 4/23/02, 4/29/02, 5/3/02, 5/7/02 – 5/21/02, and 6/4/02.
5. Paraffin Bath
6. Diathermy
7. Hot or cold Packs
8. Therapeutic exercises
9. Myofascial release

## DECISION

1. Approve office visits from 4/5/02, 4/11/02, 4/12/02, 4/15/02, 4/17/02, 4/19/02, 4/23/02, 4/29/02, 5/3/02, 5/7/02 – 5/21/02, and 6/4/02.
2. Deny all other requested services

## RATIONALE/BASIS FOR DECISION

This is a lady who reportedly developed a carpal tunnel syndrome during her pregnancy. Thus, the exact cause of the carpal tunnel syndrome is unclear. However, for many months a number of conservative approaches were attempted to alleviate the symptomology. This extended to injection therapy prior to the dates in question. What is clear is that no conservative measures were successful in obviating the pain complaints. With the failure of the modalities, there is no clinical reason to continue with ultrasound, massage, and electrical stimulation. There was a need for continued follow-up, so the additional office visits would be indicated. The pain drawings noted continued at a level of 7/8 out of 10. There was no efficacy, thus there was no reason to continue therapies that were not having any positive effect.

Paraffin bath, diathermy, hot packs, therapeutic exercises and myofascial release all have no efficacy in the treatment of a pregnancy related carpal tunnel syndrome. Rest, immobilization and elevation would be sufficient treatment until the termination of the pregnancy. This was redundant and non-efficacious treatment. Each could not reasonably be considered reasonable and necessary care for this sub-type of carpal tunnel syndrome.