



MDR Tracking Number: M5-04-3218-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on May 25, 2004. In accordance with Rule 133.308(e)(1) date of service May 22, 2003 was not filed within the one-year time frame; therefore MDR does not have jurisdiction over this date of service.

The IRO reviewed gait training, therapeutic exercises, group therapy, and an office visit for dates of service 06/05/03 through 07/17/03 that were denied based upon "U".

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(r)(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.

CPT Codes 97116, 97110, 97150 and 99213 for dates of service 06/05/03 through 06/27/03, 07/03/03, 07/16/03, and 07/17/03 **were** found to be medically necessary. CPT Codes 97116, 97110 and 97150 for dates of service 07/01/03, 07/02/03, 07/07/03 and 07/10/03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for gait training, therapeutic exercises, group therapy, and an office.

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.

On August 16, 2004, 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.

- CPT Code 97150 for dates of service 06/10/03, 07/02/03, 07/10/03, 07/11/03. Neither party submitted EOBs; therefore, these dates of service will be reviewed according to TWCC Rules and the 1996 Medical Fee Guideline. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(10)(a) reimbursement in the amount of \$108.00 (\$27.00 x 4) is recommended.

CPT Code 97110 for date of service 07/02/03 and 07/11/03. Neither party submitted EOBs; therefore, these dates of service will be reviewed according to TWCC Rules and the 1996 Medical Fee Guideline. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section 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.  
Reimbursement not recommended

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees outlined above as follows:

- in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;
- 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 06/05/03 through 06/27/03, 07/02/03, 07/03/03, 07/10/03, 07/11/03, 07/16/03, and 07/17/03 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 10 day of November, 2004

Medical Dispute Resolution Officer  
Medical Review Division