

Amended MDR Tracking Number: M5-04-0010-01 (**Previously M5-03-0108-01**)

This Amended Findings and Decision supercedes all previous decisions rendered in this matter.

The Medical Review Division's Findings and Decision of August 5, 2003, was issued in error and subsequently withdrawn by the Medical Review Division. The Original Findings and Decision, Appeal Letter and Withdrawal Notice are reflected in Exhibit 1.

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 chiropractic treatment rendered from 12-19-01 to 4-17-02 that were denied based upon "V".

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 joint mobilization and therapeutic exercises rendered from 12-19-01 through 1-30-02 were medically necessary. However, all other chiropractic treatment and diagnostic tests rendered from 12/19/01 through 4/17/02 were not medically necessary.

Consequently, the commission has determined that **the requestor did not prevail** on the majority of the medical fees (\$549.00). 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 September 3, 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
12-17-01	97122	\$35.00	\$0.00	F	\$35.00	CPT Code Description	SOAP note supports billed service per MFG, reimbursement of \$35.00 is recommended.
12-24-01 1-21-02 1-23-02 1-31-02 2-14-02 2-15-02 2-18-02 2-20-02 2-22-02 2-25-02	99213	\$48.00	\$0.00	N	\$48.00	CPT Code Description Evaluation & Management GR (IV)	SOAP note documents billed service per MFG, reimbursement 10 dates X \$48.00 = \$480.00 is recommended.
12-24-01 1-21-02 1-23-02 1-31-02 2-14-02 2-18-02 2-20-02 2-22-02 2-25-02	97265	\$43.00	\$0.00	N	\$43.00	CPT Code Description	SOAP note documents billed service per MFG, reimbursement 9 dates X \$43.00 = \$387.00 is recommended.
12-24-01 1-21-02 1-23-01 1-31-02 2-14-02 2-18-02 2-20-02 2-22-02 2-25-02	97122	\$35.00	\$0.00	N	\$35.00	CPT Code Description	SOAP note documents billed service per MFG, reimbursement 9 dates X \$35.00 = \$315.00 is recommended
12-24-01 1-21-02 1-23-02 1-31-02 2-14-02 2-18-02 2-20-02 2-22-02 2-25-02	97110	\$140.00	\$0.00	N	\$35.00/15 min	Medicine GR (I)(A)(9)(b) and (I)(C)9)	SOAP note does not document exclusive one to one supervised therapeutic treatment per MFG, no reimbursement is recommended.
12-24-01 1-21-02 1-23-02 1-31-02 2-14-02	97250	\$43.00	\$0.00	N	\$43.00	CPT Code Description	SOAP note documents billed service per MFG, reimbursement 9 dates X \$43.00 = \$387.00 is recommended.

2-18-02 2-20-02 2-22-02 2-25-02							
2-15-02	97110	\$105.00	\$0.00	N	\$35.00/15 min	Medicine GR (I)(A)(9)(b) and (I)(C)9)	SOAP note does not document exclusive one to one supervised therapeutic treatment per MFG, no reimbursement is recommended.
1-21-02 2-15-02	97750MT	\$43.00	\$0.00	N	\$43.00	CPT code Description	Muscle testing documents service per MFG, reimbursement of 2 dates X \$43.00 = \$86.00 is recommended.
3-1-02	99213	\$48.00	\$0.00	F	\$48.00	CPT code Description Evaluation & Management GR (IV)	SOAP note supports service billed per MFG, reimbursement of \$48.00 is recommended.
3-1-02	97265	\$43.00	\$0.00	F	\$43.00	CPT Code Description	SOAP note supports service billed per MFG, reimbursement of \$43.00 is recommended.
3-1-02	97122	\$35.00	\$0.00	F	\$35.00	CPT Code Description	SOAP note supports service billed per MFG, reimbursement of \$35.00 is recommended.
3-1-02	97250	\$43.00	\$0.00	F	\$43.00	CPT Code Description	SOAP note supports service billed per MFG, reimbursement of \$43.00 is recommended.
3-1-02	97110	\$140.00	\$0.00	F	\$35.00/15 min	Medicine GR (I)(A)(9)(b) and (I)(C)9)	SOAP note does not document exclusive one to one supervised therapeutic treatment per MFG, no reimbursement is recommended.
3-1-02	97750MT	\$43.00	\$0.00	F	\$43.00	CPT code Description	Muscle testing documents service per MFG, reimbursement of \$43.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$1902.00</b>

This Amended Decision is hereby issued this 4<sup>th</sup> day of December 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

**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 12-17-01 through 4-17-02 in this dispute.

This Order is hereby issued this 4<sup>th</sup> day of December 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

Enclosure: IRO Decision

#### NOTICE OF INDEPENDENT REVIEW DECISION

July 2, 2003

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

RE: MDR Tracking #: M5-03-0108-01  
IRO Certificate #: IRO 4326

The \_\_\_ 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 Rule §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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_ health care professional 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 patient sustained an injury on \_\_\_ to the dorsum of her right hand while tightening something. She went to a chiropractor for treatment and therapy. Right wrist and right hand MRIs were done on 12/26/01 revealing only pre-existing degenerative changes in the wrist and normal findings in the hand.

#### Requested Service(s)

Chiropractic treatments rendered from 12/19/01 through 04/17/02

## Decision

It is determined that the chiropractic care for joint mobilization and therapeutic exercises from 12/19/01 through 01/30/02 were medically necessary to treat this patient's condition. However, it is determined that all other chiropractic treatments and diagnostic tests rendered from 12/19/01 through 04/17/02 were not medically necessary to treat this patient's condition.

## Rationale/Basis for Decision

In reviewing the medical record, the true nature of the patient's clinical picture was not evident. In regards specifically to myofascial release and therapeutic exercises, it is not evident from the description given in the clinical notations of the nature, the specific duration, and the location of these two procedures. According to the CPT guide handbook, these two procedures carry with them a time requirement and billing is in 15-minute increments. The notations do not satisfy this time requirement. Furthermore, it is not evident in a review of the documentation of the location or kind of exercises performed.

In regards to the duration of chiropractic care, this patient presented with what appears to be a non-complicated soft tissue lesion. No diagnostic testing has been performed to suggest otherwise. No complicating factors or co-morbidities have been identified that would naturally warrant an additional protracted course of care. Furthermore, it does not appear that the mechanism of injury was very significant as well. Nevertheless, generally accepted standards of care would suggest that a course of manipulative therapy and/or rehabilitation would be typically utilized in cases such as is represented in the documentation. A typical trial of care would be four-to-six weeks. Even the physician opined and expected the patient to be at maximum medical improvement (MMI) within the same basic time frame. Beyond four-to-six weeks, a larger burden of proof would be placed on the documentation to satisfy the medical necessity of ongoing care based on the patient's response to care and the degree of lingering deficits. In this case, the patient's subjective symptoms appear to never substantially decrease. Initially, based on comparative objective testing, it appears that the patient's grip and muscle strength appreciably increased. However, the documentation also suggests that these numbers somewhat plateaued evidenced by this same comparative testing. In some cases, the objective findings even decreased from one re-examination point to another. It is not clinically clear that this patient was substantially responding beyond what would be reasonably expected for the natural progression or history of this particular condition especially given the fact that this patient was away from her regular duties.

Therefore, it is determined that the chiropractic care for joint mobilization and therapeutic exercises from 12/19/01 through 01/30/02 were medically necessary. However, it is determined that all other chiropractic treatments and diagnostic tests rendered from 12/19/01 through 04/17/02 were not medically necessary.

Sincerely,