

MDR Tracking Number: M5-04-0146-01

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 09-11-03.

The IRO reviewed work hardening program, functional capacity exam, office visit, and office visit w/ manipulation, and copies rendered from 12-02-02 through 04-09-03 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 work hardening program, functional capacity exam, office visit, and office visit w/ manipulation, and copies. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 11-04-03, 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
12-03-02	97545WH-AP	\$128.00	\$102.40	F	\$64.00 per unit	MFG MGR (II) (C) & (E)	Soap notes support work hardening was rendered for date of service. Recommended Reimbursement \$25.60 (\$128.00- \$102.40 paid)
	97546WH-AP (6 units)	\$384.00	\$51.20	F	\$64.00 per unit	MFG MGR (II) (C) & (E)	Soap notes support work hardening was rendered for date of service. Recommended Reimbursement \$332.80 (\$384.00- \$51.20 paid)
12-23-02	97546WH-AP (6 units)	\$384.00	\$64.00	F	\$64.00 per unit	MFG MGR (II) (C) & (E)	Soap notes support work hardening were rendered for date of service. Recommended Reimbursement \$320.00 (\$384.00- \$64.00 paid)

TOTAL	\$896.00	The requestor is entitled to reimbursement of \$ 678.40
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**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 12-03-02 and 12-23-02 in this dispute.

This Decision is hereby issued this 4<sup>th</sup> day of March 2004.

Georgina Rodriguez  
 Medical Dispute Resolution Officer  
 Medical Review Division

**NOTICE OF INDEPENDENT REVIEW DETERMINATION**

**REVISED 11/5/03**

MDR Tracking Number: M5-04-0146-01
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October 30, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. 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 \_\_\_.

Notice of Independent Review Determination

CLINICAL HISTORY

Patient sustained a lumbar sprain/strain and disc protrusion following a compensable lifting injury.

### REQUESTED SERVICE(S)

Work hardening program, functional capacity exam, office visit, office visit w/manipulation and copies between 12/2/02 through 4/9/03.

### DECISION

Denied.

### RATIONALE/BASIS FOR DECISION

The office visit for DOS 12/12/02 (99213) is denied as the records fail to substantiate that neither an *extended* level of history nor an *extended* level of examination were performed on this patient encounter per *Current Procedural Terminology* (“CPT”), and TWCC Medical Fee Guidelines, E/M Ground Rules Section IV, C.2, page 8. In addition, the office visit for DOS 1/6/03 (99213-MP) is denied, as the records failed to document to what level the spinal manipulation was performed, or even that any manipulation was performed at all. Finally, the office visit for DOS 4/9/03 (99211) is denied as it is a computer-generated note that was duplicated from the visit of 1/6/03. In it, under “Assessment,” the record states that the patient “will see specialist neurosurgeon 1/13/03,” a reference to a future encounter that would be nearly 3 months in the past on that date of service. (This consult is appropriately mentioned in DOS 1/6/03 as a future appointment.)

The work hardening services (CPT codes 97545-WH-AP and 97546-WH-AP) are also denied. The documentation submitted fails to substantiate that the treating doctor performed an appropriate physical examination on this patient that would necessitate this program. Rather, what was performed were a series of three computer-generated FCE’s without physician interpretation or correlation. This is likened to the performance of an EKG with only the printed lead strips submitted.

In addition, the daily notes are computer-generated, canned, are super imposable upon one another, and lend little in the way of personalization for the specific patient being treated. Also, and of significant import, the records submitted for review discuss a designated doctor examination performed on 11/20/02 that determined the patient at MMI on that date, and with a whole-person impairment of 5%. If that is accurate, the designated doctor opined that this patient was at MMI before these work hardening dates of service were rendered – and, of course, this doctor has presumptive weight – then, they would all be deemed medically unnecessary, as no additional medical benefit could have been derived from them (per definition MMI, TWCC Medical Fee Guidelines).