

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 11-5-03.

The IRO reviewed gait training, therapeutic exercises, and hot/cold packs from 6-13-03 to 6-27-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. 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.

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

On 1-27-04, 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 (Max. Allowable Reimbursement)	Reference	Rationale
11-7-02	99213	\$60.00	\$48.00	S	\$48.00	NA	Recon EOB shows that the carrier paid for this service. Therefore, no dispute exists.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Max. Allowable Reimbursement)	Reference	Rationale
11-7-02	97010 97014 97035	\$15.00 \$18.00 \$26.00	\$0.00	F, O	\$11.00 \$15.00 \$22.00	1996 MFG Medicine GR I A 10 b and Rule 133.307(g)(3) (A-F)	Carrier denied as "Per the fee guideline, passive modalities are limited to the first 2 wks. then should be a combo of passive & active." Per Rule, exclusive use of physical medicine modalities (97010-97039) is limited to a maximum of two weeks unless documentation is provided substantiating the need for continued use of only these modalities. Requestor's relevant information supports that treatment began on 10-22-02. This relevant information did not support the need for continued use of exclusive passive modalities. Therefore, no reimbursement recommended.
11-18-02	97010 97014 97035	\$15.00 \$18.00 \$26.00	\$0.00	F, O	\$11.00 \$15.00 \$22.00	1996 MFG Medicine GR I A 10 b and Rule 133.307(g)(3) (A-F)	Same as above.
12-11-02	99080 – 180 pages 99080 – 37 pages	\$90.00 \$18.50	\$0.00	G, O	.50 per page	Rule 133.2 and 133.106(f)	Copies of reports are not global to any service. Relevant information supports delivery of service. Recommend reimbursement of \$90.00 + \$18.50 = \$108.50.
6-18-03	99080 – 60 pages	\$30.00	\$0.00	N	.50 per page	Rule 133.2 and 133.106(f)	Relevant information supports documentation criteria and delivery of service. Recommend reimbursement of \$30.00.
TOTAL							The requestor is entitled to reimbursement of \$138.50.

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 Order is applicable for dates of service 12-11-02 through 6-18-03 in this dispute.

This Order is hereby issued this 1st day of June 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Date: January 26, 2004

RE: MDR Tracking #: M5-04-0703-01
IRO Certificate #: 5242

_____ 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 proposed 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 Chiropractic physician reviewer that has ADL certification. The Chiropractic 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

According to the supplied documentation, it appears that the claimant injured herself at work when she hit a filing cabinet with her right knee on _____. The claimant was seen at _____ on the date of injury, where x-rays and a MRI were taken. She was initially treated by _____. The claimant reported to _____ for evaluation and treatment on 10/22/2002. Chiropractic therapy was utilized over the next several months with passive and active therapies. On 09/10/2003, the claimant underwent arthroscopic surgery to her right knee. Post-surgical rehabilitation appears to have begun again. The documentation ends here.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including gait training therapy, therapeutic exercises and hot/cold packs rendered between 06/13/2003 – 06/27/2003.

Decision

I agree with the insurance company that the services rendered were not medically necessary.

Rationale/Basis for Decision

The claimant began care with ___ in 10/2002. The claimant was treated with passive and active therapy for several months, which did not appear to completely resolve the claimant's compensable injury. After the amount of therapy that was rendered in the claimant's case, it should be expected that the claimant could perform these exercises at home. The dates of service in question reveal that the claimant was performing active therapy with her right leg. The claimant was using exercises that included: knee flexion, knee wall slides, straight leg raises, side lying abd/add, heel slides, seated leg extensions, standing leg curls, unilateral leg standing, and walking on a treadmill. After that, the claimant used an ice pack. Since the claimant performed these exercises in a monitored environment for several months prior to the date in question, she would be well versed in duplicating the procedures. Since all of the therapeutic activities could be performed at home with an ice pack, there would not be any need for the activities to be performed monitored in a clinical setting. The claimant continued to seek evaluations and referral from her treating doctor that lead to other forms of treatment later on in her care.