

MDR Tracking Number: M5-04-0739-01

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 November 7, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues denied for 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 \$460.00** 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.

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 the only issue** to be resolved. The re-evaluation (99214); required reports for 12-19-02 and 01-16-03, all office visits (99211), all modalities (97010, 97014, 97035) from 11-26-02 through 12-20-02, therapeutic exercises (97110) on 11-26-02, 11-27-02, and 12-02-02 as submitted, two units only of therapeutic exercises (97110) for 12-09-02, 12-11-02, 12-16-02, 12-18-02, 12-23-02, 12-26-02, 12-27-02, 01-02-03, 01-20-03, 01-22-03, 01-24-03, 02-14-03 and 02-17-03, one unit only of therapeutic exercise (97110) for 12-13-02, 12-20-02, 12-30-02, and 01-21-03, therapeutic activities (97530) from 12-09-02 through 12-30-02 and separately 01-10-03, 01-15-03 and 01-21-03 as submitted, two units only of therapeutic activities (97530) for 01-02-03, 01-06-03, 01-08-03, 01-13-03, 01-17-03, 01-20-03, 01-22-03, and 01-24-03, and joint mobilization (97265) from 05-19-03 through 05-30-03 were found to be medically necessary. The required report for date of service 05-30-03, all (99212) office visits, all modalities (97010, 97014, 97035) from 12-23-02 through 06-06-03, therapeutic exercise (97110) on 12-03-02 through 12-06-02, therapeutic exercises (97110) in excess of the amounts partially approved, therapeutic activities in excess of the amount(s) partially approved, and all services submitted for dates of service 04-14-03 through 06-06-03 (with the exception of the joint mobilization approved within that time frame, as specified above) were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This findings and decision is hereby issued this 27th day of January 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

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 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 to dates of service 11/26/02 through 06/06/03 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 27th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/pr

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M5-04-0739-01

January 12, 2004

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 ____.

CLINICAL HISTORY

A 43-year-old male fell from a ladder while working, and as he fell, his left upper extremity became caught in the rungs. As a result, he sustained left shoulder soft tissue injuries, and lacerations to the left forearm that became secondarily infected and eventually progressed to cellulitis at the site. After approximately 4 months of conservative chiropractic care, he eventually underwent arthroscopic repair to his left rotator cuff tendon followed by further rehabilitation.

REQUESTED SERVICE (S)

Therapeutic exercises, ultrasound, hot/cold pack therapy, electrical stimulation -- unattended, office visits (99211, 99212 and 99214) therapeutic activities, required reports, and joint mobilization from dates of service (DOS) 11/26/02 through 06/06/03. The notification expressly excluded from consideration 97110 and 97530 for DOS 01/03/03; 97014 and 97035 for DOS 02/14/03; and 97110 for DOS 04/04/03.

DECISION

All office visits for reevaluation (99214) are approved. Required reports for DOS 12/19/02 and 01/16/03 are approved; all 99211 office visits are approved; all modalities (97010, 97014, 97035) from 11/26/02 through 12/20/02 are approved; therapeutic exercises (97110) on 11/26/02, 11/27/02 and 12/2/02 as submitted are approved; two units only of therapeutic exercise (97110) are approved for DOS 12/9/02, 12/11/02, 12/16/02, 12/18/02, 12/23/02, 12/26/02, 12/27/02, 1/2/03, 1/20/03, 1/22/03, 1/24/03, 2/14/03, and 2/17/03; one unit only of therapeutic exercise (97110) is approved on DOS 12/13/02, 12/20/02, 12/30/02, and 1/21/03; therapeutic activities (97530) from DOS 12/9/02 through 12/30/02, and [separately] 1/10/03, 1/15/03, and 1/21/03 as submitted are approved; two units only of therapeutic activities (97530) for DOS 1/2/03, 1/6/03, 1/8/03, 1/13/03, 1/17/03, 1/20/03, 1/22/03, and 1/24/03 are approved; joint mobilization (97265) from 5/19/03 through 5/30/03 are approved.

Required report for DOS 05/30/03 is denied; all 99212 office visits are denied; all modalities (97010, 97014, 97035) from 12/23/02 through 06/06/03 are denied; therapeutic exercise (97110) on 12/3/02 through 12/6/02 are denied; therapeutic exercises (97110) in excess of the amount(s) partially approved are denied; therapeutic activities in excess of the amount(s) partially approved are denied; all services submitted for DOS 4/14/03 through 6/6/03 (with the exception of the joint mobilization approved within that time frame, as specified above) are denied.

RATIONALE/BASIS FOR DECISION

Documentation for the office visit evaluations is well supported, as are the two “required reports” (TWCC-73 forms) for the approved dates, so these are approved; however, no required report was submitted for 5/30/03, so that report is denied.

The documentation submitted supported all the office visits 99211, so they are approved but the documentation for all office visits 99212 is not supported, and they are therefore denied.

The documentation of medical necessity is substantiated for modalities until 12/20/02, but does not support modality application after that time absent a documented exacerbation. Therefore, no modalities were supported after that date. Also, modalities following the surgical procedure on 2/18/02 might be medically necessary, but absolutely no documentation was submitted for DOS 4/14/02 through 5/9/03 to support this. Therefore, these services are denied.

Further, therapeutic exercises that consisted only of supervised Codman exercises was appropriate for only one week (three visits), but after that time, the patient was more than capable of performing these exercises on his own. However, the documentation submitted showed that the patient performed this exercise on multiple occasions and constituted one full unit of the procedure reported. This is not deemed medically necessary. Therefore, when this was encountered, the recommendation was reduced accordingly.

Moreover, the diagnosis on this patient supported no more than a maximum of 2 units of therapeutic exercise and 2 units of therapeutic activities on any one patient encounter.

Therapeutic activities and therapeutic exercises beginning on DOS 5/19/03 and lasting through 6/6/03 are denied because the treating doctor changed his documentation style during this time frame and the new format made it impossible to determine medical necessity of these procedures. In the new format, the documentation only stated how long these procedures were performed on a given day, and failed to reference specifically what activities/exercises were done, or on which body part (in this case, the elbow or the shoulder) like his previous format sufficiently did. For this reason, these services were denied.