

MDR Tracking Number: M5-04-1035-01

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, 133.307 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 12-09-03.

The IRO reviewed office visits, special reports, therapeutic procedures, myofascial release, ultrasound therapy, physical medicine treatment and group therapy procedures rendered from 01-10-03 through 04-25-03 that were denied based "V".

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 \$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 not the only issue** to be resolved. The IRO concluded that office visits (99214, 99213), special reports (99080-73), therapeutic procedures (97110), myofascial release (97250), ultrasound therapy (97035), physical medicine treatment (97014/97010) **were** medically necessary for dates of service 01-10-03 through 04-25-03. The IRO concluded that group therapy procedures (97150) **were not medically necessary** for dates of service 01-10-03 through 04-25-03. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 03-24-04, 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	MAR\$	Reference	Rationale
1-14-03 through 1-31-03 (2 DOS)	99213	\$120.00 (1 unit @ \$60.00 X 2 DOS)	\$0.00	F	\$48.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$48.00 X 2 DOS = \$96.00
1-15-03 through 1-21-03 (3 DOS)	97035	\$78.00 (1 unit @ \$26.00)	\$0.00	D	\$22.00	Rule 133.307 (g)(3)(A-F)	Requestor nor respondent submitted original explanation of benefits, therefore

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
		X 3 DOS)					reviewer cannot determine reason services denied. No reimbursement recommended.
4-15-03 through 4-23-03 (2 DOS)	97014	\$36.00 (1 unit @ \$18.00 X 2 DOS)	\$0.00	NO EOB	\$15.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$15.00 X 2 DOS = \$30.00
4-23-03	99213	\$60.00 (1 unit)	\$0.00	NO EOB	\$48.00	Rule 133.307 (g)(3)(A-F)	Requestor submitted relevant information to support delivery of service. Reimbursement recommended in the amount of \$48.00
TOTAL		\$294.00	\$0.00				Requestor is entitled to reimbursement in the amount of \$174.00

This Decision is hereby issued this 12<sup>th</sup> day of May 2004.

Debra L. Hewitt  
 Medical Dispute Resolution Officer  
 Medical Review Division  
 DLH/dlh

**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 01-10-03 through 04-25-03 in this dispute.

This Order is hereby issued this 12<sup>th</sup> day of May 2004.

Roy Lewis, Supervisor  
 Medical Dispute Resolution  
 Medical Review Division

RL/dlh

## NOTICE OF INDEPENDENT REVIEW DECISION

March 3, 2004

MDR Tracking #: M5-04-1035-01

IRO Certificate #: IRO4326

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. \_\_\_'s 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 a repetitive injury on \_\_\_ from continuous typing. She reported numbness and increased pain in both hands. She underwent a left carpal tunnel release on 11/07/02. She was seeing a chiropractor and had various consults from specialists.

### Requested Service(s)

Office visits, special reports, therapeutic procedure, myofascial release, ultrasound therapy, physical medicine treatment, and group therapy procedures from 01/10/03 through 04/25/03

### Decision

It is determined that the office visits, special reports, therapeutic procedure, myofascial release, ultrasound therapy, and physical medicine treatment from 01/10/03 through 04/25/03 were medically necessary to treat this patient's condition. However, the group therapy procedures from 01/10/03 through 04/25/03 were not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

Regarding the group therapy procedures, there is no documented evidence to suggest that the patient was having significant psychosocial symptomatology that was complicating her case. It is evident that she has a significant 10-year-history of psychosocial symptoms; however, there is no evidence that it had a negative impact on her soft tissue symptoms in her bilateral extremities. Furthermore, there is no causal relationship established in the documentation of psychosocial treatment to the patient's occupational incident of \_\_\_.

In regards to the other referenced treatment, there is sufficient documentary evidence that the chiropractic, allopathic, and physical medicine treatment rendered above was necessary to treat this patient. Most of the providers represented in the documentation rendered their respective care out of the same facility/practice. It is difficult to separate all of the treatment rendered as well as difficult to ascertain if there were duplication of services, such as chiropractic manipulations concurrent with osteopathic manipulations, or the possibility of more than one set of physical medicine applications. However, the care rendered by the chiropractor represents a treating doctor who properly and appropriately referred the patient for consultative purposes and subsequent care. The frequency of the office visits was approximately monthly, needed to assess the patient's status and make treatment decisions.

It is obvious that the patient underwent an extensive and exhaustive course of physical medicine; however, it must be taken into account that it is documented that the patient had a long-standing, chronic condition in the bilateral upper extremities. She also had multiple operative procedures and injections, requiring associated rehabilitative procedures. The documentation is proper and comprehensive, reflecting the level, duration, and area of care. There is also objective evidence that the patient was making progress during the time of treatment. Regular examinations were performed to determine that the care was proving to be efficacious and a necessary part of the patient's overall treatment. Therefore, it is determined that the office visits, special reports, therapeutic procedure, myofascial release, ultrasound therapy, and physical medicine treatment from 01/10/03 through 04/25/03 were medically necessary. However, the group therapy procedures from 01/10/03 through 04/25/03 were not medically necessary.

Sincerely,