

MDR Tracking Number: M5-04-1060-01

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 December 11, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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 office visits, detailed for reevaluation (99214) on 04-15-03 and 06-19-03, only one unit of therapeutic exercises (97110), only one unit of therapeutic activities (97530) for date of service 05-12-03, 05-14-03 and 05-16-03, and only two units of therapeutic exercises (97110) from 06-02-03 through 08-13-03 were found to be medically necessary. The required reports (99080-73) for 04-15-03 and 06-19-03, office visit, extended problem focused (99212) on 04-24-03, all electrical stimulation, unattended and attended (97014& 97032), all hot/cold pack therapies (97010), ultrasound (97035), all therapeutic exercises (97110), therapeutic activities (97530) from 03-25-03 through 05-07-03, in addition, all therapeutic exercises and activities in excess of the amounts approved above and joint mobilization (97265) on 04-16-03 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 27<sup>th</sup> day of February 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 04-15-03 through 08-13-03 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 27<sup>th</sup> day of February 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/pr

## **NOTICE OF INDEPENDENT REVIEW DETERMINATION**

**REVISED 2/25/04**

MDR Tracking Number: M5-04-1060-01  
IRO Certificate No.: 5259

February 20, 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 36-year-old Hispanic male was employed as a cook for \_\_\_ when on \_\_\_, he was carrying a large bag of sauces over his left shoulder and subsequently slipped on a wet floor and landed, injuring his left shoulder and lower back. After a somewhat lengthy trial of conservative care, he eventually underwent lower back hemilaminectomy/discectomy in October of 2002, and then left shoulder arthroscopy in January 2003. Additional extensive physical therapy and rehabilitation were then performed to his left shoulder and lower back, along with post-surgical cortisone injections to his lower back.

### REQUESTED SERVICE (S)

Electrical stimulation, unattended (97014), ultrasound (97035), hot/cold pack therapy (97010), electrical stimulation, attended (97032), therapeutic exercises (97110),

therapeutic activities (97530), joint mobilization (97265), office visits, detailed, for reevaluation (99214), office visits, extended (99212), and required reports (99080-73) for dates of service 03/25/03 through 08/13/03

#### DECISION

The office visits, detailed, for reevaluation (99214) on 04/15/03 and 06/19/03 are approved. Only one unit of therapeutic exercises (97110), and only one unit of therapeutic activities (97530) are approved for dates of service 05/12/03, 05/14/03 and 05/16/03. Only two units of therapeutic exercises (97110) are approved for dates of service 06/02/03 through 08/13/03.

The required reports (99080-73) for 04/15/03 and 06/19/03 are denied. The office visit, extended problem focused (99212) on 04/24/03 is denied. All electrical stimulation, unattended and attended (97014 and 97032), all hot/cold pack therapies (97010), and all ultrasound (97035) are denied. All therapeutic exercises (97110) and therapeutic activities (97530) from 03/25/03 through 05/07/03 are denied; in addition, all therapeutic exercises and activities in excess of the amounts approved above are denied. The joint mobilization (97265) on 04/16/03 is denied.

#### RATIONALE/BASIS FOR DECISION

No completed TWCC-73 forms were included in the documentation submitted, so their reimbursement is not supported. Also, no documentation whatsoever was submitted to support the therapy performed from 03/25/03 through 05/07/03, or the office visit (99212) encounter of 04/24/03. All modalities after 60 days post-operative are denied because the medical records do not support an exacerbation.

The therapeutic exercise and activities (97110 and 97530, respectively) for dates of service 05/12/03, 05/14/03, and 05/16/03 are reduced to only one unit each because the "weekly therapy summary" submitted for those dates of service stated that only 20 minutes of these procedures was performed. According to *Current Procedural Terminology* ("CPT"), these are time-based codes, reported in increments of 15 minutes. Therefore, in order to qualify for the second 15-minute increment, the procedure would need to expend a minimum of one-half the second 15 minutes, or in this case, 7.5 minutes. Since 20 minutes was all that was recorded on these dates of service, reporting only one unit each procedure is all that is approved.

As for the remainder of the therapeutic procedures that were reported from 06/02/03 through 08/13/03, the documentation submitted was significantly incomplete in that it failed to indicate what specific exercises were performed, and to which areas (e.g., left shoulder or lower back). Moreover, the chiropractic physician "follow up" records submitted during that time frame insufficiently documented that continued therapeutic procedures were even medically necessary at that time. However, solely on the basis of the Required Medical Examination by \_\_\_ on May 15, 2003, and his recommendation that additional physical therapy was necessary, there is concurrence in deferring to his judgment in regard to the medical necessity and approving two units of therapeutic exercise during those dates of service.