

**MDR Tracking Number: M5-04-1249-01**

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 1-9-04.

Dates of service prior to 1-9-03 were submitted untimely per Rule 133.308 and will not be considered in this decision.

The IRO reviewed physical therapy services and office visits rendered from 1-17-03 through 3-24-03 that were denied based upon "V".

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.

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.

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
1-22-03 1-31-03 2-17-03	99213	\$50.00	\$0.00	N D	\$48.00	E&M GR (VI)	Reports support billed service per MFG, reimbursement of \$48.00 X 3 = \$144.00 is recommended.
1-31-03	97530	\$80.00	\$0.00	D	\$35.00 X 2 = \$70.00	CPT Code Descriptor	This service was not a duplicate of service billed on this date, reimbursement of \$70.00 is recommended.
1-22-03 1-31-03 2-3-03 2-5-03 2-14-03	97010	\$15.00	\$0.00	F D	\$11.00	CPT Code Descriptor	This service was not a duplicate of service billed on this date, reimbursement of \$11.00 X 5 dates = \$55.00 is recommended.

1-31-03	97112	\$80.00	\$0.00	D	\$35.00 X 2 = \$70.00	Medicine GR (I)(A)(9)(b)	See rationale below
1-31-03	97032	\$25.00	\$0.00	D	\$22.00	CPT Code Descriptor	This service was not a duplicate of service billed on this date, reimbursement of \$22.00 is recommended.
1-31-03 2-3-03	97035	\$25.00	\$0.00	D, F	\$22.00	CPT Code Descriptor	This service was not a duplicate of service billed on this date, reimbursement of \$22.00 X 2 dates = \$44.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$335.00.</b>

Rationale for 97112:

Recent review of disputes involving one-on-one CPT code 97112 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes “one-on-one.” Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for these dates of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the 1996 MFG and 133.307(g)(3). Therefore, reimbursement is not recommended.

**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 1-9-03 through 3-24-03 in this dispute.

This Order is hereby issued this 15<sup>th</sup> day of December 2004.

Elizabeth Pickle  
 Medical Dispute Resolution Officer  
 Medical Review Division

**NOTICE OF INDEPENDENT REVIEW DECISION** amended 3/29/04

March 15, 2004

**Re: IRO Case # M5-04-1249**  
**IRO Certificate #4599**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 59-year-old, right-hand-dominant female who fell onto an outstretched left hand and wrist in \_\_\_. She injured her left wrist and shoulder, and exacerbated an underlying carpal instability that was asymptomatic and developing glenohumeral instability. Subsequently, the patient underwent multiple surgical procedures, including total wrist arthrodesis and attempted shoulder arthroscopic stabilization/Bankart repair and subacromial decompression with distal clavicle excision. The arthroscopic procedure failed and she developed adhesive capsulitis.

Although the records were not provided for this, it appears that the patient underwent manipulation under anesthesia of the shoulder and removal of the wrist fusion plate. She continued to have severe shoulder pain for many months after the arthroscopic Bankart repair. Ultimately, it was discovered that the suture anchors were intra-articular and had caused post traumatic glenohumeral arthritis. The patient then underwent a total shoulder arthroplasty on 9/5/03. Physical therapy continued for a long time after the arthroscopic Bankart repair and has been denied from 1/17/0 through 3/24/03. This period represents the fifth and sixth month after this procedure.

Requested Service(s)

9710 hot/cold pack therapy, 97010 ther exer, 97112 neuro reeducation, 97032 elec stim, 97035 ultrasound, 97530 ther act, 99213 ov 1/17/03-3/24/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

Although the patient was symptomatic and had severe shoulder pain in the shoulder after the arthroscopic Bankart repair, continued physical therapy, modalities and neuromuscular reeducation is not justified this long after this procedure.

In retrospect, the reason that the patient was having severe pain was the presence of intr-articular suture anchors. Based on the records provided for this review, the treating physician should have referred the patient to an orthopedic surgeon or a shoulder specialist much earlier, and ongoing damage to the shoulder could have been minimized.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.