

**MDR Tracking Number: M5-04-1363-01**

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 1-16-04.

The IRO reviewed myofascial release, office visits coded 99213 and 99212 rendered from 03-31-03 through 4-29-03 that were denied based upon “U”.

The IRO concluded that myofascial release and office visits coded 99212 were medically necessary. The IRO concluded that 99213 office visits were not medically necessary.

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

| <b>DOS</b>                                        | <b>CPT CODE</b> | <b>Billed</b> | <b>MARS (Maximum Allowable Reimbursement)</b> | <b>Medically Necessary</b>   | <b>Not Medically Necessary</b> |
|---------------------------------------------------|-----------------|---------------|-----------------------------------------------|------------------------------|--------------------------------|
| 03-31-03<br>4-2-03<br>4-7-03<br>4-8-03<br>4-28-03 | 99213           | \$50.00       | \$48.00                                       |                              | \$48.00 X 5 dates = \$240.00   |
| 03-31-03<br>4-2-03<br>4-7-03<br>4-8-03<br>4-28-03 | 97250           | \$43.00       | \$43.00                                       | \$43.00 X 5 dates = \$215.00 |                                |
| 4-29-03                                           | 99212           | \$35.00       | \$32.00                                       | \$32.00                      |                                |
| <b>TOTAL</b>                                      |                 |               |                                               | \$247.00                     | \$240.00                       |
|                                                   |                 |               |                                               |                              |                                |

| DOS                                                                                            | CPT CODE | Billed   | Paid   | EOB Denial Code | MARS (Maximum Allowable Reimbursement) | Reference                                             | Rationale                                                                                                                  |
|------------------------------------------------------------------------------------------------|----------|----------|--------|-----------------|----------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| 03-05-03                                                                                       | 99205    | \$160.00 | \$0.00 | No EOB          | \$137.00                               | Evaluation & Management GR (VI)                       | Report supports service billed per MFG, reimbursement of \$137.00.                                                         |
| 3-5-03                                                                                         | 99070    | \$18.33  | \$0.00 | No EOB          | DOP                                    | General Instructions GR (IV)                          | Large Cryopack – Report supports delivery of service, reimbursement of \$18.33.                                            |
| 3-5-03                                                                                         | 99070    | \$8.00   | \$0.00 | No EOB          | DOP                                    |                                                       | Analgesic Balm Report supports delivery of service, reimbursement of \$8.00.                                               |
| 3-7-03<br>3-11-03<br>3-12-03<br>3-14-03<br>3-17-03<br>3-18-03<br>3-19-03<br>3-20-03<br>3-21-03 | 99213    | \$50.00  | \$0.00 | No EOB          | \$48.00                                | Evaluation & Management GR (VI)<br>Rule 133.307(g)(3) | Report to support delivery of service per MFG was not submitted, no reimbursement is recommended.                          |
| 3-7-03                                                                                         | 72052WP  | \$129.00 | \$0.00 | No EOB          | \$124.00                               | Rule 133.307(g)(3)                                    | Cervical complete - Report to support delivery of service per MFG was submitted, reimbursement is recommended of \$124.00. |
| 3-7-03                                                                                         | 72110WP  | \$124.00 | \$0.00 | No EOB          | \$119.00                               | Rule 133.307(g)(3)                                    | Lumbar complete - Report to support delivery of service per MFG was submitted, reimbursement is recommended of \$119.00.   |
| 3-7-03                                                                                         | 97024    | \$25.00  | \$0.00 | No EOB          | \$21.00                                | Rule 133.307(g)(3)                                    | Report to support delivery of service per MFG was not submitted, no reimbursement is recommended.                          |
| 3-10-03                                                                                        | 99070    | \$25.00  | \$0.00 | No EOB          | DOP                                    | Rule 133.307(g)(3)                                    | TENS Supplies -Report to support delivery of service per MFG was not submitted, no reimbursement is recommended.           |
| 3-11-03<br>3-12-03<br>3-14-03<br>3-17-03<br>3-18-03<br>3-19-03<br>3-20-03<br>3-21-03           | 97250    | \$43.00  | \$0.00 | No EOB          | \$43.00                                | Rule 133.307(g)(3)                                    | Report to support delivery of service per MFG was not submitted, no reimbursement is recommended.                          |

|                                                   |                |          |        |           |                     |                                                        |                                                                                                                               |
|---------------------------------------------------|----------------|----------|--------|-----------|---------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 3-11-03<br>3-12-03<br>3-18-03<br>3-20-03          | 97150          | \$27.00  | \$0.00 | No<br>EOB | \$27.00             | Rule<br>133.307(g)(3)                                  | Report to support delivery of service per MFG was not submitted, no reimbursement is recommended.                             |
| 3-11-03                                           | 99070          | \$28.50  | \$0.00 | No<br>EOB | DOP                 | Rule<br>133.307(g)(3)                                  | Back Huggar Pillow Support -Report to support delivery of service per MFG was not submitted, no reimbursement is recommended. |
| 3-12-03                                           | 97110(3)       | 105.00   | \$0.00 | No<br>EOB | \$35.00 / 15 min    | Medicine GR<br>(I)(A)(9)(b)                            | See Rationale below                                                                                                           |
| 3-14-03<br>4-8-03                                 | 97110(4)       | 140.00   | \$0.00 | No<br>EOB | \$35.00 / 15 min    |                                                        |                                                                                                                               |
| 3-17-0<br>3-18-03<br>3-20-03<br>3-21-03<br>4-7-03 | 97110(5)       | 175.00   | \$0.00 | No<br>EOB | \$35.00 / 15 min    |                                                        |                                                                                                                               |
| 3-19-03<br>3-31-03<br>4-2-03                      | 97110(6)       | 210.00   | \$0.00 | No<br>EOB | \$35.00 / 15 min    |                                                        |                                                                                                                               |
| 3-18-03<br>3-20-03                                | 97265          | \$43.00  | \$0.00 | No<br>EOB | \$43.00             | Rule<br>133.307(g)(3)                                  | Report to support delivery of service per MFG was not submitted, no reimbursement is recommended.                             |
| 3-25-03                                           | 99214          | \$75.00  | \$0.00 | No<br>EOB | \$71.00             | Evaluation &<br>Management<br>GR (VI)                  | Report supports service billed per MFG, reimbursement of \$71.00.                                                             |
| 3-25-03                                           | 95851 X3       | \$120.00 | \$0.00 | No<br>EOB | \$36.00 ea          | Medicine GR<br>(I)(E)(4)                               | ROM reports support delivery of service per MFG, reimbursement of \$108.00.                                                   |
| 3-25-03                                           | 97750MT<br>(6) | \$258.00 | \$0.00 | No<br>EOB | \$43.00 / body area | Medicine GR<br>(I)(D)(1)(e)<br>and (I)(E)(3)(a<br>- b) | Reimbursement of muscle testing to one body area of \$43.00 is recommended.                                                   |
| 03-27-03                                          | 97750MT<br>(4) | \$172.00 | \$0.00 | No<br>EOB |                     |                                                        | Reimbursement of muscle testing to one body area of \$43.00 is recommended.                                                   |
| TOTAL                                             |                |          |        |           |                     |                                                        | The requestor is entitled to reimbursement of <b>\$671.33</b>                                                                 |

Rationale for 97110:

Recent review of disputes involving one-on-one CPT code 97110 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.

This Decision is hereby issued this 19<sup>th</sup> day of August 2004

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

### **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 3-5-03 through 0429-03 in this dispute.

This Order is hereby issued this 19<sup>th</sup> day of August 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

### **NOTICE OF INDEPENDENT REVIEW DECISION**

March 12, 2004

**Re: IRO Case # M5-04-1363  
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 Doctor of Chiropractic, who is licensed by the State of Texas, 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 injured her neck and back on \_\_\_ when she was in a motor vehicle accident while driving a school bus. She initially sought chiropractic treatment on 3/5/03.

#### Requested Service(s)

97250 myofascial release, 99212 / 99213 OV 3/31/03-4/29/03

#### Decision

I agree with the carrier's decision to deny the requested office visits code 99213.  
I disagree with the decision to deny the requested myofascial release and office visit code 99212.

#### Rationale

The patient received a fair trial of conservative treatment with good results. The patient's VAS was initially 6/10, and on her visit on 4/20/03, it was 1/10. However, based on the records provided for this review, some of the treatment was excessive, over utilized and too intense for what the records suggest were minor injuries. The patient missed no work and was able to continue her job as a school bus driver. I question the use of CPT code 99213 with almost every visit. The documentation lacks objective, quantifiable findings to support this code on these visits. A reexamination report with specific objective findings, such as spinal ranges of motion and orthopedic tests would have warranted use of this code, but

no findings or reports were provided for this review. Myofascial release was medically necessary for treatment of this patient. The patient had a diagnosed strain injury, which responds very well to various soft tissue techniques such as myofascial release. Palpatory findings were fully described with each visit, and the documentation provided for this service on each visit shows objective, quantifiable findings to support treatment.

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