

MDR Tracking Number: M5-04-1364-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 January 16, 2004.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. The therapeutic procedures, therapeutic exercises, myofascial release, joint mobilization, and electrical stimulation unattended from 03-24-03 through 04-11-03 **were found** to be medically necessary. 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 03-23-03, 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	MARS (Max. Allowable Reimbursement)	Reference	Rationale
03-14-03 03-14-03	95851 95851	\$40.00 \$40.00	\$0.00	F F	\$36.00 \$36.00	1996 MFG	Requestor submitted relevant information to support services rendered. Recommend reimbursement of \$72.00.
03-31-03 04-02-03	97265 97150	\$43.00 \$27.00	\$0.00	No EOB	\$43.00 \$27.00	1996 MFG	Neither the requestor or the respondent submitted EOB's, however, review of the recon HCFA reflected proof of submission. Therefore, the disputed services will be reviewed according to the 1996 MFG. Recommend reimbursement of \$70.00.

04-14-03	99213 97110 97150 97250 97265	\$50.00 \$175.00(5units) \$27.00 \$43.00 \$43.00	\$0.00	No EOB	\$48.00 \$35.00 \$27.00 \$43.00 \$43.00	1996 MFG	Neither the requestor or the respondent submitted EOB's, however, review of the recon HCFA reflected proof of submission. Therefore, the disputed services except 97110 will be reviewed according to the 1996 MFG. Recommend reimbursement of \$161.00.  SEE RATIONALE BELOW TABLE FOR CPT CODE 97110.
04-16-03	99213 97110 97150 97250 97265	\$50.00 \$175.00(5units) \$27.00 \$43.00 \$43.00	\$0.00	No EOB	\$48.00 \$35.00 \$27.00 \$43.00 \$43.00	1996 MFG	Neither the requestor or the respondent submitted EOB's, however, review of the recon HCFA reflected proof of submission. Therefore, the disputed services except 97110 will be reviewed according to the 1996 MFG. Recommend reimbursement of \$161.00.  SEE RATIONALE BELOW TABLE FOR CPT CODE 97110.
04-21-03	99213 97110 97014 97250 97265	\$50.00 \$70.00(2 units) \$15.00 \$43.00 \$43.00	\$0.00	No EOB	\$48.00 \$35.00 \$15.00 \$43.00 \$43.00	1996 MFG	Neither the requestor or the respondent submitted EOB's, however, review of the recon HCFA reflected proof of submission. Therefore, the disputed services except 97110 will be reviewed according to the 1996 MFG. Recommend reimbursement of \$149.00.  SEE RATIONALE BELOW TABLE FOR CPT CODE 97110.
04-23-03	99213 97150 97110 97250 97265	\$50.00 \$27.00 \$70.00(2units) \$43.00 \$43.00	\$0.00	No EOB	\$48.00 \$27.00 \$35.00 \$43.00 \$43.00	1996 MFG	Neither the requestor or the respondent submitted EOB's, however, review of the recon HCFA reflected proof of submission. Therefore, the disputed services except 97110 will be reviewed according to the 1996 MFG. Recommend reimbursement of \$161.00.  SEE RATIONALE BELOW TABLE FOR CPT CODE 97110.

04-25-03	99213 97110 97250 97265	\$50.00 \$140.00(4units) \$43.00 \$43.00	\$0.00	No EOB	\$48.00 \$35.00 \$43.00 \$43.00	1996 MFG	Neither the requestor or the respondent submitted EOB's, however, review of the recon HCFA reflected proof of submission. Therefore, the disputed services except 97110 will be reviewed according to the 1996 MFG. Recommend reimbursement of \$134.00.  SEE RATIONALE BELOW TABLE FOR CPT CODE 97110.
04-28-03	99213 97150 97110	\$50.00 \$27.00 \$140.00(4units)	\$0.00	No EOB	\$48.00 \$27.00 \$35.00	1996 MFG	Neither the requestor or the respondent submitted EOB's, however, review of the recon HCFA reflected proof of submission. Therefore, the disputed services except 97110 will be reviewed according to the 1996 MFG. Recommend reimbursement of \$75.00.  SEE RATIONALE BELOW TABLE FOR CPT CODE 97110.
05-01-03	99215 95851 95851 99080-73	\$125.00 \$40.00 \$40.00 \$15.00	\$0.00	No EOB	\$103.00 \$36.00 \$36.00 \$15.00	1996 MFG	Neither the requestor or the respondent submitted EOB's, however, review of the recon HCFA reflected proof of submission. Therefore, the disputed services except 97110 will be reviewed according to the 1996 MFG. Recommend reimbursement of \$190.00.  SEE RATIONALE BELOW TABLE FOR CPT CODE 97110.
05-05-03	99213 97110 97150 97250 97265	\$50.00 \$140.00(4units) \$27.00 \$43.00 \$43.00	\$0.00	No EOB	\$48.00 \$35.00 \$27.00 \$43.00 \$43.00	1996 MFG	Neither the requestor or the respondent submitted EOB's, however, review of the recon HCFA reflected proof of submission. Therefore, the disputed services except 97110 will be reviewed according to the 1996 MFG. Recommend reimbursement of \$161.00.  SEE RATIONALE BELOW TABLE FOR CPT CODE 97110.

05-07-03	99213 97024 97110 97150 97250	\$50.00 \$25.00 \$105.00(3units) \$27.00 \$43.00	\$0.00	No EOB	\$48.00 \$21.00 \$35.00 \$27.00 \$43.00	1996 MFG	Neither the requestor or the respondent submitted EOB's, however, review of the recon HCFA reflected proof of submission. Therefore, the disputed services except 97110 will be reviewed according to the 1996 MFG. Recommend reimbursement of \$139.00.  SEE RATIONALE BELOW TABLE FOR CPT CODE 97110.
05-09-03	99213 97110 97150 97250 97265	\$50.00 \$105.00(3units) \$27.00 \$43.00 \$43.00	\$0.00	No EOB	\$48.00 \$35.00 \$27.00 \$43.00 \$43.00	1996 MFG	Neither the requestor or the respondent submitted EOB's, however, review of the recon HCFA reflected proof of submission. Therefore, the disputed services will be reviewed according to the 1996 MFG. Recommend reimbursement of \$161.00.  SEE RATIONALE BELOW TABLE FOR CPT CODE 97110.
05-28-03	99080	\$55.50 (111pgs)	\$.50	F	.50 per page	1996 MFG, Rule 133.106(f)(3)	Per Rule 133.106(f)(3) copies of reports or clinical notes shall be billed at \$.50 per page. Therefore, recommend additional reimbursement of \$55.00.
06-19-03	99080-73	\$15.00	\$0.00	No EOB	\$15.00	1996 MFG	Neither the requestor or the respondent submitted EOB's, however, review of the recon HCFA reflected proof of submission. Therefore, the disputed services will be reviewed according to the 1996 MFG. Recommend reimbursement of \$15.00.
TOTAL							The requestor is entitled to reimbursement of \$1704.00.

Rationale for CPT code 97110- Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings 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

MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended.

This Findings and Decision is hereby issued this 8<sup>th</sup> day of October 2004.

Patricia Rodriguez  
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 Order is applicable for dates of service 03-14-03 through 06-19-03 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 8th day of October 2004.

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

April 1, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION  
Amended Letter**

**RE: MDR Tracking #: M5-04-1364-01  
IRO Certificate #: 5348**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by

the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the \_\_\_ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The \_\_\_ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a female who sustained a work related injury on \_\_\_\_. The patient reported that while at work, she injured her right thumb while attempting to catch some falling trays. The diagnoses for this patient have included right thumb sprain/strain, grade II, De Quervain's tenosynovitis, right hand, right hand sprain/strain, grade II, right wrist sprain/strain, grade II, right median nerve neuritis, right ulnar nerve neuritis. Initial treatment consisted of medication and a Cortisone injection. On 1/31/03 the patient underwent a right basal thumb arthroplasty and was referred for physical therapy for further treatment. On 3/14/03 the patient was evaluated and began treatment with chiropractic, active and passive physical medicine treatments. After 14 treatment sessions, the patient was reevaluated on 5/1/03 and referred for hand therapy.

### Requested Services

Therapeutic procedures, therapeutic exercises, myofascial release, joint mobilization, electrical stimulation unattended from 3/24/03 through 4/11/03. (Do not review 97265 for 3/31/03, 97150 for 4/2/03).

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

### Rationale/Basis for Decision

The \_\_\_ chiropractor reviewer noted that this case concerns a female who sustained a work related injury to her right thumb on \_\_\_\_. The \_\_\_ chiropractor reviewer indicated that the patient had surgical intervention on 1/31/03 and a 4-week course of physical therapy was recommended postoperatively. The \_\_\_ chiropractor reviewer noted that the patient received active and passive therapy and demonstrated a mild objective improvement. However, the \_\_\_ chiropractor reviewer noted that after 14 sessions, substantial subjective improvement was not demonstrated. The \_\_\_ chiropractor reviewer explained that due to this patient's condition, she was going to require a several month recovery period. Therefore, the \_\_\_ chiropractor consultant concluded that the therapeutic procedures, therapeutic exercises, myofascial release, joint mobilization,

electrical stimulation unattended from 3/24/03 through 4/11/03 were medically necessary to treat this patient's condition.

Sincerely,