

MDR Tracking Number: M5-04-1402-01

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 01-13-04.

The IRO reviewed joint mobilization, myofascial release, therapeutic exercises, traction (manual), unlisted modality, unlisted therapeutic procedure rendered from 03-07-03 through 05-16-03 that were denied based upon "V".

The IRO determined that the joint mobilization, myofascial release and therapeutic exercises **were** medically necessary. The IRO determined that the manual traction, unlisted modality and unlisted therapeutic procedures **were not** medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 \$650.00** 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. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 05-14-04, 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.

CPT code 97039-CM date of service 03-07-03 denied with denial code "N" (not appropriately documented). The requestor submitted relevant information to meet documentation criteria. Reimbursement is recommended per the 96 Medical Fee Guideline MEDICINE GR I (9)(a)(iii) in the amount of \$65.00.

CPT code 99213-MP dates of service 03-27-03, 04-07-03, 04-17-03, 04-30-03 and 06-24-03 (5 DOS) denied with denial code "F" (fee guideline reduction). Per the 96 Medical Fee Guideline EVALUATION AND MANAGEMENT GR VI(B) reimbursement is recommended in the amount of \$240.00 (\$48.00 X 5 DOS).

CPT code 99354 dates of service 03-27-03, 04-25-03 and 05-16-03 (3 DOS) denied with denial code "F" (fee guideline reduction). Reimbursement in the amount of \$318.00 (\$106.00 X 3 DOS) is recommended per Rule 133.307(g)(3)(A-F).

CPT code 97265 dates of service 03-27-03 through 06-24-03 (12 DOS) denied with denial code "F" (fee guideline reduction). Reimbursement per the 96 Medical Fee Guideline MEDICINE GR I (9)(c) is recommended in the amount of \$516.00 (\$43.00 X 12 DOS).

CPT code 97139-EU dates of service 03-27-03, 03-31-03, 04-07-03 and 04-14-03 denied with denial code "F" (fee guideline reduction). Reimbursement per the 96 Medical Fee Guideline MEDICINE GR I (9)(b) is recommended in the amount of \$260.00 (\$65.00 X 4 DOS).

CPT code 97039-CM date of service 03-27-03 denied with denial code "F" (fee guideline reduction). Reimbursement per the 96 Medical Fee Guideline MEDICINE GR I (9)(a)(iii) in the amount of \$65.00.

Review of CPT code 99090 date of service 03-28-03 revealed that neither the requestor nor respondent submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor did not submit proof of convincing evidence of carrier receipt of the submission for reconsideration. No reimbursement is recommended.

Review of CPT code 99213-MP dates of service 03-31-03, 04-03-03, 04-10-03 and 04-14-03 revealed that neither the requestor nor respondent submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor did not submit proof of convincing evidence of carrier receipt of the submission for reconsideration. No reimbursement is recommended.

Review of CPT code 99354 dates of service 03-31-03, 04-03-03 and 06-12-03 revealed that neither the requestor nor respondent submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor did not submit proof of convincing evidence of carrier receipt of the submission for reconsideration. No reimbursement is recommended.

Review of the EOB for CPT code 99080-73 date of service 03-31-03 did not reveal any denial reason code. The TWCC-73 is a required report per Rule 129.5. Reimbursement in the amount of \$15.00 is recommended.

CPT code 97250 dates of service 03-31-03, 04-07-03, 04-14-03, 04-22-03, 04-23-03, 04-25-03, 04-28-03 and 05-16-03 (8 DOS) denied with denial code "F" (fee guideline reduction). Per the 96 Medical Fee Guideline MEDICINE GR I (9)(c) reimbursement is recommended in the amount of \$344.00 (\$43.00 X 8 DOS).

Review of CPT code 97265 dates of service 04-03-03, 04-10-03 and 06-12-03 revealed that neither the requestor nor respondent submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor did not submit proof of convincing evidence of carrier receipt of the submission for reconsideration. No reimbursement is recommended.

Review of CPT code 97139-EU dates of service 04-03-03 and 04-10-03 revealed that neither the requestor nor respondent submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor did not submit proof of convincing evidence of carrier receipt of the submission for reconsideration. No reimbursement is recommended.

Review of CPT code 97250 dates of service 04-03-03, 04-10-03 and 06-12-03 03 revealed that neither the requestor nor respondent submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor did not submit proof of convincing evidence of carrier receipt of the submission for reconsideration. No reimbursement is recommended.

Review of CPT code 97110 dates of service 04-10-03 and 06-12-03 revealed that neither the requestor nor respondent submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor did not submit proof of convincing evidence of carrier receipt of the submission for reconsideration. No reimbursement is recommended.

CPT code 99080-73 dates of service 04-14-03 and 04-28-03 denied with denial code "F" (fee guideline reduction). Reimbursement is recommended in the amount of \$30.00 (\$15.00 X 2 DOS) per Rule 133.307(g)(3)(A-F).

CPT code 97122 dates of service 04-17-03, 04-28-03, 05-16-03 and 06-24-03 (4 DOS) denied with denial code "F" (fee guideline reduction). Reimbursement is recommended in the amount of \$140.00 (\$35.00 X 4 DOS) per Rule 133.307(g)(3)(A-F).

CPT code 97110 date of service 04-17-03 denied with denial code "F" (fee guideline reduction). 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 (MRD) has reviewed the matters in light of the Commission requirements for proper documentation. The MRD declines to order payment for code 97110 because the daily notes did not clearly delineate the severity of the injury that would warrant exclusive one-to-one treatment.

CPT code 64999-22 dates of service 04-17-03, 04-23-03, 04-25-03 and 04-28-03 denied with denial code "F" (fee guideline reduction). Reimbursement is recommended per Rule 133.307(g)(3)(A-F) in the amount of \$1,000.00 (\$250.00 X 4 DOS).

CPT code 99090 dates of service 04-21-03 and 05-03-03 denied with denial code "F" (fee guideline reduction). Reimbursement is recommended per Rule 133.307(g)(3)(A-F) in the amount of \$216.00 (\$108.00 X 2 DOS).

CPT code 99213-MP dates of service 04-22-03, 04-23-03 and 04-25-03 denied with denial code "G" (global). The carrier did not specify which service code 99213-MP was global to. Per the 96 Medical Fee Guideline EVALUATION AND MANAGEMENT GRI VI(B) reimbursement is recommended in the amount of \$144.00 (\$48.00 X 3 DOS).

CPT code 64999-22 date of service 04-22-03 denied with denial code "N" (not appropriately documented). The requestor submitted information to meet documentation criteria. Reimbursement per Rule 133.307(g)(3)(A-F) in the amount of \$250.00.

HCPCS code A4556 date of service 04-22-03 denied with denial code "F" (fee guideline reduction). Reimbursement is recommended per Rule 133.307(g)(3)(A-F) in the amount of \$64.00

CPT code 97260 dates of service 04-28-03 and 05-16-03 denied with denial code "F" (fee guideline reduction). Reimbursement is recommended per Rule 133.307(g)(3)(A-F) in the amount of \$70.00 (\$35.00 X 2).

CPT code 99080 date of service 05-02-03 denied with denied with denial code "F" (fee guideline reduction). Reimbursement is recommended per Rule 133.307(g)(3)(A-F) in the amount of \$90.75.

CPT code 64999-22 date of service 05-16-03 denied with denial code "D" (duplicate). The Medical Review Division cannot determine the original denial reason, therefore no reimbursement is recommended.

Review of CPT code 97260 date of service 06-12-03 revealed that neither the requestor nor respondent submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor did not submit proof of convincing evidence of carrier receipt of the submission for reconsideration. No reimbursement is recommended.

Review of CPT code 97122 date of service 06-12-03 revealed that neither the requestor nor respondent submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor did not submit proof of convincing evidence of carrier receipt of the submission for reconsideration. No reimbursement is recommended.

Review of CPT code 64999-22 date of service 06-12-03 revealed that neither the requestor nor respondent submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor did not submit proof of convincing evidence of carrier receipt of the submission for reconsideration. No reimbursement is recommended.

Review of CPT code 99455 date of service 06-16-03 revealed that neither the requestor nor respondent submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor did not submit proof of convincing evidence of carrier receipt of the submission for reconsideration. No reimbursement is recommended.

This Findings and Decision is hereby issued this 3rd day of November 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 03-07-03 through 06-24-03 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 3<sup>rd</sup> day of November 2004.

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

**NOTICE OF INDEPENDENT REVIEW DECISION Corrected 5/20/04**

May 3, 2004

**Re: IRO Case # M5-04-1402-01  
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 is a fellowship-trained hand surgeon, 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:

### Medical Information Reviewed

1. Table of Disputed Services
2. Explanation of benefits
3. TWCC 69 6/12/03
4. Designated doctor evaluation 5/8/03
5. Computerized grip strength evaluation 3/7/03
6. NCS 1/29/03
7. Thoracic outlet study 1/17/03
8. MRI right shoulder 1/17/03
9. Multiple prescriptions for physical therapy, injections and medications
10. Consultation report 2/28/03
11. Evaluation report 3/7/03
12. Consultation report 4/16/03
13. Operative report suprascapular nerve block 4/26/03
14. Orthopedic exam report 7/2/03, 11/13/03
15. Multiple D.C. evaluations and notes 2/23/04-6/24/03

### History

The patient is a 40-year-old female who reported an injury on \_\_\_\_\_. She experienced a gradual onset of pain of the right shoulder that was sharp and intense in nature and exacerbated by her work as an electrical assembler. The patient received extensive physical therapy. NCS and an MRI of the right shoulder on 1/29/03 revealed carpal tunnel syndrome and degenerative changes of the shoulder with no acute changes noted. Eventually, because of continued pain, the patient was referred to an orthopedic surgeon who performed injections and eventually recommended surgical management. A 3/7/03 FCE was not helpful because of sub-maximal effort. Pain management consultation led to a suprascapular nerve block on 4/26/03. A designated doctor evaluation placed the patient at MMI on 5/8/03 with a 2% impairment rating. At all times during the patient's evaluation, non operative management and physical therapy were prescribed.

### Requested Service(s)

97265 joint mobilization, 97250 myofascial release, 97110 ther exer, 97122 traction manual, 97039-CM unlisted modality, 97139-EU unlisted ther proc 3/7/03 – 5/16/03

### Decision

I disagree with the carrier's decision to deny the requested joint mobilization,

myofascial release and therapeutic exercises.

I agree with the decision to deny manual traction, unlisted modality and unlisted therapeutic procedure.

Rationale

Based on the patient's diagnosis supraspinatus impingement syndrome, two to three months of physical therapy, including joint mobilization, therapeutic exercises and myofascial release is reasonable and appropriate.

Cervical traction, however, does not correlate with the patient's diagnosis, and based on the records provided for this review, it did not appear to be medically necessary. The documentation does not support its necessity. The unlisted modality and unlisted therapeutic procedure are not well documented and do not fit in to the realm of this patient's treatment. Extensive review of the records, including the note of 3/19/03 does not adequately support the necessity of cervical traction, and the indication is that cervical traction was not helping the patient.

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