

MDR Tracking Number: M5-04-1415-01

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. The dispute was received on 1-20-04.

In accordance with Rule 133.308 (e), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The following date(s) of service are not timely and are not eligible for this review: 12-20-02 through 1-16-03.

CPT codes 95900-27, 95904-27, 95935-27, 95935-27-H, 95925-27 and 95925-27-D for date of service 2-14-03 were withdrawn by the requestor in a letter dated 11-23-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of 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 \$460** 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.

The office visits, joint mobilization, and myofascial release from 1-22-03 through 1-30-03, the office visits, therapeutic procedures from 1-22-03 through 5-16-03 and somatosensory testing and sensory-nerve on 2-14-03 were **found** to be medically necessary. The joint mobilization, myofascial release, electric stimulation, hot/cold packs and therapeutic activities from 1-30-03 through 5-16-03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute 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 3-23-04 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.

Regarding CPT code 97110 for dates of service 1-22-03, 1-23-03, 1-27-03, 1-29-03, 1-30-03, 2-3-03, 2-5-03, 2-14-03, 2-18-03, 2-19-03, 2-20-03, 2-26-03, 2-27-03, 2-28-03: Recent review of disputes involving 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 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. **No reimbursement recommended.**

CPT code 99213 for dates of service 1-23-03, 2-3-03, 2-5-03, 2-14-03, 2-18-03 and 2-19-03 were denied with an N - "Office Visit not medically necessary with every physical therapy session." The 96 MFG Medicine Ground Rule (I)(4) states, "Re-examination by the treating doctor shall occur at least monthly." The medical reports provided by the requestor support delivery of these services. **Recommend reimbursement of \$288.00.**

CPT code 97032 for date of service 1-27-03 was denied with an N and the respondent states, "Constant Attendance not documented." Per Medicine Ground Rules (A) (9)(a)(iii) this modality requires "constant attendance" which the requestor did not document. **No reimbursement recommended.**

CPT code 97265 for date of service 1-27-03 was denied with an N and the respondent states, "Not documented as necessary with extended office visit." Review of the office notes submitted do not meet the documentation criteria set forth by the CPT Code descriptor for CPT code 97265. **No reimbursement recommended.**

CPT code 97250 for dates of service 1-27-03, 2-18-03, 2-19-03, 2-28-03 was denied with an N and the respondent states, "No documentation that myofascial release was done." Review of the office notes submitted do not meet the documentation criteria set forth by the CPT Code descriptor for CPT code 97250. **No reimbursement recommended.**

CPT code 95935-27-H for date of service 2-14-03 was denied with an F and the respondent states, "Per MFG reimbursement is per study, not per nerve." The requestor has sent no additional documentation explaining this service. **No reimbursement recommended.**

CPT code 97530 for date of service 2-18-03, 2-19-03, 2-20-03, 2-26-03, 2-27-03, 2-28-03, was denied with an N. The requestor has provided no documentation for therapeutic activities. **No reimbursement recommended.**

Pursuant to 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) for dates of service through July 31, 2003; per Commission Rule 134.202 (c); 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 as outlined above 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 Findings and Decision and Order is hereby issued this 1st day of December 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

March 18, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-1415-01
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

REVIEWER'S REPORT

Information Provided for Review:

Correspondence and office visit notes
Physical Therapy Notes
Nerve Conduction Study
Radiology Report

Clinical History:

This claimant was involved a work-related accident on ____, injuring his low back, left leg, left knee, and left ankle. On December 20, 2002 the patient sought medical attention. An initial evaluation was performed, and an aggressive treatment program, which included chiropractic care, passive therapies, as well as progression into an active rehabilitation program was begun. Over the course of treatment, the patient underwent a lumbar MRI, which revealed a 2.5 mm central disc bulge at L5, as well as a 30% disc space narrowing at this level. There was also a 1.5 mm disc bulge at L2-L3. Electrodiagnostic testing of the bilateral L4, L5, S1 nerves was interpreted as chronic left peroneal neuropathy with axonal loss or chronic left L5 root dysfunction. Over the course of treatment, the patient was referred for medication and trigger point injections.

Disputed Services:

Office visits, joint mobilization, myofascial release, therapeutic activities, therapeutic exercises, electrical stimulation, hot and cold pack therapy, somatosensory testing, and sensory-each nerve during the period of 01/22/03 through 05/16/03.

Decision:

The reviewer partially agrees with the determination of the insurance carrier in this case. All services rendered from January 22, 2003 through January 30, 2003, as well as office visits 99213 and therapeutic procedures 97110 from 01/22/03 through 05/16/03, and somatosensory testing 95925-27 and sensory-each nerve 95904-27 on 2/14/03, were in fact reasonable, usual, customary, and medically necessary for the treatment of this patient's on the job injury.

Joint mobilization 97265, myofascial release 97250, electric stimulation 97032, hot packs 97010, and therapeutic activities one on one 97530 performed after January 30, 2003 were not medically necessary for the treatment of this patient's on the job injury.

Rationale:

National Treatment Guidelines allow for this type of treatment in these types of injuries. There were multiple injured areas, which required extended treatment time and frequency. All treatment received from January 22, 2003 through January 30, 2003 was, in fact, reasonable, usual, customary, and medically necessary for the treatment of this patient's on the job injury. There are no National Treatment Guidelines that allow for the continuation of passive therapies 6 weeks post-injury. Due to the multiple injured sites an extended period of active rehabilitation was in fact medically necessary in this case. There is sufficient supported documentation on each office visit 99213 to justify that treatment. There is sufficient supportive documentation for this patient to receive all units of therapeutic procedures 97110 from 01/22/03 through 05/16/03. The clinical findings, MRI results and subjective symptoms, which include leg pain, were sufficient to allow for electro-diagnostic studies (95925 & 95904). After January 3, 2003, there is no clinical justification or appropriate documentation for this patient to continue to receive joint mobilization 97265, myofascial release 97250, therapeutic activities one on one 97530, electric stimulation 97032, or hot/cold pack therapy 97010.

Sincerely,