

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 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a dispute resolution review was conducted by the Medical Review Division regarding a medical payment dispute between the requestor and the respondent named above. This dispute was received 06-26-03.

This **AMENDED FINDINGS AND DECISION** supersedes all previous Decisions rendered in this Medical Payment Dispute involving the above requestor and respondent. The Medical Review Division's Decision of 01-08-04 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 02-09-04. An Order was rendered in favor of the Requestor. The Respondent appealed the Order to an Administrative Hearing because the IRO decision partially overturns the carrier's denials. The Findings and decision does not distinguish the MAR fees that make up the majority to determine the prevailing party.

**I. DISPUTE**

Whether there should be additional reimbursement for dates of service 06-28-02 through 12-23-02 for CPT codes 97113, 97110 and 97265.

**II. AMENDED DECISION& ORDER**

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor is entitled to reimbursement for CPT codes 97113, 97110 and 97265 in the amount of \$3,955.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby **ORDERS** the Respondent to remit \$ 3,955.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

DOS	CPT CODE	Billed Amount	MAR\$	Paid\$	IRO Recommendation	Amount in Dispute	Rationale
6-28-02	97113 X 4 units	\$208.00	\$52.00 per unit	\$104.00 (\$52.00 X 2 units)	2 units	\$0.00	No additional reimbursement recommended.
7-1-02 through 12-23-02 (30 DOS)	97113 X 4 units per ea DOS	\$208.00 for each DOS X 30 DOS = \$6,240.00	\$52.00 per unit	\$20 units @ \$52.00 per unit (\$1,040.00)	1 unit per each DOS (7-1-02 through 12-23-02 = 30 DOS)	\$520.00	Additional reimbursement recommended in amount of \$520.00 for 10 additional units.
10-30-02	97113 X 3 units	\$156.00 (\$52.00 per unit)	\$52.00 per unit	\$52.00	1 unit	\$0.00	No reimbursement recommended.
7-1-02 through 12-23-02 (43 DOS)	97110 172 units billed	\$6,020.00 (\$35.00 per unit X 172 units)	\$35.00 per unit	36 units @ \$35.00 per unit (\$1,260.00)	129 units (3 units per each DOS 7-1-02 through 12-23-02 = 43 DOS X 3 units = 129)	\$3,255.00	Additional reimbursement recommended in the amount of \$3,255.00 for 93 additional units.

DOS	CPT CODE	Billed Amount	MAR\$	Paid\$	IRO Recommendation	Amount in Dispute	Rationale
11-29-02 through 12-20-02 (5 DOS)	97265 5 units billed	\$215.00 (\$43.00 per unit X 5 units)	\$43.00 per unit	\$0.00	5 units	\$215.00	Recommend reimbursement in amount of \$215.00
TOTAL		\$12,839.00	\$12,839.00	\$2,456.00		\$3,955.00	The requestor is entitled to reimbursement in the amount of \$3,955.00

The above Amended Findings and Decision are hereby issued this 9<sup>th</sup> day of March 2004.

Debra L. Hewitt  
 Medical Dispute Resolution Officer  
 Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 Amended Order is applicable to dates of service 06-28-02 through 12-23-02 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 Amended Order (Rule 133.307(j)(2)).

This Amended Order is hereby issued this 9<sup>th</sup> day of March 2004.

Roy Lewis, Supervisor  
 Medical Dispute Resolution  
 Medical Review Division

RL/dlh

March 3, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION  
 Corrected Letter**

**MDR Tracking #: M5-04-1761-01**

\_\_\_ 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 physician on the \_\_\_ external review panel. This physician is board certified in physical medicine and rehabilitation. The \_\_\_ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician 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 \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

#### Clinical History

This case concerns a 45 year-old female who sustained a work related injury on \_\_\_. The patient reported that while at work as a hairdresser, she sustained a repetitive motion injury to both shoulders and both wrists gradually over time. The diagnoses for this patient include bilateral rotator cuff syndrome and bilateral carpal tunnel syndrome. The patient was treated with aquatic therapy and physical therapy. The patient underwent surgery on her left wrist and shoulder and was treated post surgically with post-op rehabilitation.

#### Requested Services

Aquatic therapy, therapeutic exercises, joint mobilization from 6/28/02 through 12/23/02

#### Decision

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

#### Rationale/Basis for Decision

The \_\_\_ physician reviewer noted that this case concerns a 45 year-old female who sustained a work related injury to her shoulders and both wrists on \_\_\_. The \_\_\_ physician reviewer also noted that the diagnoses for this patient included bilateral rotator cuff syndrome and bilateral carpal tunnel syndrome. The \_\_\_ physician reviewer further noted that the patient was treated with aquatic therapy and physical therapy and underwent surgery to her left wrist and shoulder and was then treated with post-surgical rehabilitation. The \_\_\_ physician reviewer indicated that the provider billed for several units of aquatic therapy. However, the \_\_\_ physician reviewer explained that the documentation provided does not confirm the number of units performed.

The \_\_\_ physician reviewer also indicated that there is documentation of several exercises being performed for this patient. The \_\_\_ physician reviewer explained that these exercises most likely did take more time than one unit. However, the \_\_\_ physician reviewer also explained that the documentation provided did not indicate the actual time spent in activity. The \_\_\_ physician reviewer indicated that the treatment was directed at several body parts. The \_\_\_ physician reviewer explained that based on the documented exercises performed, time taken to perform these exercises would be equivalent to 3 units of therapeutic exercises. Therefore, the \_\_\_ chiropractor consultant concluded that two units of aquatic therapy for 6/28/02 only were medically necessary to treat this patient's condition (including units already reimbursed by the Respondent). However, the \_\_\_ physician consultant concluded that one unit of aquatic therapy

per date of service from 7/1/02 through 12/23/02 was medically necessary to treat this patient's condition (including units already reimbursed by the Respondent). The \_\_\_ physician consultant also concluded that up to three units of therapeutic exercises and joint mobilization per date of service were medically necessary to treat this patient's condition (including units already reimbursed by the Respondent).

Sincerely,