

**MDR Tracking Number: M5-04-1892-01**

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 02-17-04.

The IRO reviewed office visits, myofascial release, joint mobilization, therapeutic activities, manual traction, therapeutic exercises, motor tests, sensory tests, somatosensory tests and F/H wave tests rendered from 06-03-03 through 07-25-03 that were denied based upon "V".

The IRO determined that the 99213 level office visits, myofascial release, joint mobilization, therapeutic activities and manual traction rendered from 06-03-03 through 07-25-03 **were not** medically necessary. The IRO further determined that the motor tests, sensory tests, somatosensory tests and F/H wave tests conducted on 06-23-03 **were** medically necessary. Therapeutic exercises conducted on all other dates of service between 06-03-03 and 07-25-03 also **were not** medically necessary.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 05-05-04, 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.

Review of CPT code 99213 date of service 06-17-03 revealed that the requestor nor respondent submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of convincing evidence of carrier receipt of the submission for reconsideration. Reimbursement in the amount of \$48.00 per the 96 Medical Fee Guideline is recommended.

CPT code 99080-73 dates of service 06-25-03 and 07-25-03 denied for unnecessary medical treatment with peer review. The TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. Reimbursement in the amount of \$30.00 (\$15.00 X 2 DOS) is recommended.

CPT code 95851 dates of service 04-28-03 through 07-07-03 (6 DOS) denied as global. The carrier did not specify which service code 95851 was global to. Reimbursement in the amount of \$216.00 (\$36.00 X 6 DOS) is recommended.

CPT code 97750-MT dates of service 04-28-03 through 07-07-03 (5 DOS) denied as global. The carrier did not specify which service code 97750-MT was global to. Reimbursement in the amount of \$215.00 (\$43.00 X 5 DOS) is recommended.

### **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 06-17-03 through 07-25-03 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 Findings and Decision and Order are hereby issued this 27<sup>th</sup> day of October 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh

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

#### **SECOND AMENDED DECISION**

**Date:** October 22, 2004

**MDR Tracking #:** M5-04-1892-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating 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 the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

## **Clinical History**

This case involves a claimant who was injured while on-the-job on \_\_\_\_\_. Allegedly, the claimant injured her left shoulder while lifting a box of tortillas. According to submitted documentation, the claimant was initially evaluated and treated at \_\_\_\_\_. She was diagnosed with a rotator cuff strain, was prescribed medication, and underwent 3 weeks of physical therapy. The claimant came under the care of \_\_\_\_\_ at \_\_\_\_\_ on 04/25/03. \_\_\_\_\_ removed the claimant from work and prescribed additional physical therapy (PT) at 4 times per week. A MRI study of the left shoulder was conducted on 05/16/03 revealing "thickening" of the left supraspinatus tendon and a type II left acromion. An NCV study performed on 06/23/03 suggested left C7 nerve dysfunction. The claimant underwent 2 surgical procedures on her the left shoulder on 08/05/03 and on 02/09/04.

## **Requested Service(s)**

The medical necessity of office visits (99213), myofascial release (97250), joint mobilization (97265), therapeutic activities (97530), manual traction (97122), and therapeutic exercises (97110), motor tests (95900), sensory tests (95904), somatosensory tests (95925) and F/H wave tests (95935) rendered or supplied to the claimant between and including 06/03/03 through 07/25/03.

## **Decision**

Based on the information contained within the submitted documentation, the 99213 level office visits, myofascial release procedures, joint mobilization procedures, therapeutic activities, and manual traction procedures rendered to the claimant from 06/03/03 through 07/25/03 were not medically necessary. The motor tests, sensory tests, somatosensory tests, and F/H wave tests conducted on 06/23/03 were medically necessary. Therapeutic exercises conducted on 06/17/03 and 07/01/03 were also medically reasonable and necessary. Therapeutic exercises conducted at \_\_\_\_\_ on all other dates between 06/03/03 and 07/25/03 were not medically necessary.

## **Rationale/Basis for Decision**

Office Visits (99213) - There is no evidence in the submitted documentation for dates of service 06/03/03 through 07/25/03 to show that this level of evaluation/management occurred. Also, even if appropriate evidence to support a 99213 level office visit existed in the documentation, current standards of care do not support a 99213 level office visit being conducted more than once in a 4 week time span during a given treatment plan. The documentation indicates that by 06/06/03 surgical intervention had become an agreed upon option and the pre-authorization process had been started.

Myofascial Release (97250) - This is considered passive therapy and current and accepted standards of care do not support the use of this therapy beyond the initial 4 weeks post-injury, or the "acute" phase of care.

Joint Mobilization (97265) - As with myofascial release, this treatment is considered fully passive in nature and current and accepted standards of care do not support the use of this therapy beyond the initial 4 weeks post-injury, or the "acute" phase of care.

Therapeutic Activities (97530) - By 06/03/03 the claimant had already been under \_\_\_\_\_ care for 5 weeks consisting of both passive and active PT and had already undergone 3 weeks of prior PT. The claimant had not responded well to conservative treatment and surgery was being pre-

authorized. Therapeutic activities are commonly used to improve function once a patient's symptoms have been controlled.

The documentation indicates that as of 06/03/03 the claimant still had significant left shoulder pain and dysfunction. The claimant's symptomatic state and the decision to proceed with surgical measures cancel out the medical necessity of the therapeutic activities conducted between 06/03/03 and 07/25/03.

Manual Traction (97122) - This is considered passive therapy and current and accepted standards of care do not support the use of this therapy beyond the initial 4 weeks post-injury, or the "acute" phase of care.

Therapeutic Exercises (other than those conducted on 06/17/03 and 07/01/03) (97110) - As previously stated, by 06/03/03 the claimant had already been under \_\_\_ care for 5 weeks consisting of both passive and active PT and had already undergone 3 weeks of prior PT. The claimant had not responded well to conservative treatment and surgery was being pre-authorized. Thus, there was no reason to continue with the frequency of in-house therapeutic exercise that was being conducted. Between 06/03/03 and 07/25/03, it would have been quite reasonable for the claimant to perform the exercises as she was trained on her own to maintain pre-surgical range of motion. Follow-ups with \_\_\_ every 2 weeks prior to the surgery for further instruction and compliance would also have been quite reasonable. Although \_\_\_ documentation did indicate that the claimant had objective improvements in her left shoulder strength and range of motion between 06/03/03 and 07/25/03, the surgery was still imminent and the frequency of in-house exercise was simply not necessary to maintain the claimant's pre-surgical state. Also, the documentation from the initial 3 weeks of PT at \_\_\_ indicated that the claimant had already reached almost full range of motion in her left shoulder at the end of the 3 weeks.

Motor Testing (95900), Sensory Testing (95904), Somatosensory Testing (95925) and F/H Wave Testing (95935) - The tests were reasonable and necessary due to the numerous entries in the clinical documentation pertaining to the claimant's persistent left upper extremity weakness and sensory deficiency. Also, The MRI conducted on 05/16/03 was inconclusive for a direct shoulder injury, making the nerve conduction tests reasonable choices for further diagnostic testing.