

MDR Tracking Number: M5-04-1988-01

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 (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 3-5-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The range of motion measurement on 4-7-03, the office visit with manipulation on 5-2-03 and the mechanical traction on 6-30-03 **were found** to be medically necessary. The unlisted cardiovascular service on 4-7-03, and the joint mobilization on 5-2-03 **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 issues were not the only issues 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 7-2-04, the Medical Review Division submitted a Notice to the 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 Codes 97014 for dates of service 3-13-03 were denied with an "N" – Not appropriately documented. Review of the office notes submitted for this date of service reveals that these services do not meet the documentation criteria set forth by the CPT Code descriptors for CPT Code 97014. **Reimbursement is not recommended.**

CPT code 97250 on 3-14-03 was denied with an "N" – Not appropriately documented. Review of the office notes submitted for this date of service reveals that this service was documented on the office check list. **Reimbursement is recommended in the amount of \$43.00.**

CPT code 97265 on 3-14-03, 3-15-03, 3-17-03, 3-18-03, 3-19-03, 3-20-03, 3-21-03, 3-22-03, 3-24-03, 3-25-03, 3-26-03, 3-27-03, was denied with an “N” – Not appropriately documented. Review of the office notes submitted for this date of service reveals that this service was documented on the office check list. **Reimbursement is recommended in the amount of \$516.00. (\$43.00 x 12 DOS)**

CPT code 97265 on 3-22-03, was denied with an “N” – Not appropriately documented. Review of the office notes submitted for this date of service reveals that this service was not documented on the office check list. **Reimbursement is not recommended.**

CPT code 99213 on 3-28-03, 4-4-03, 4-11-03 4-22-03, 4-25-03, 5-20-03 and 5-21-03 was denied with an “N” – Not appropriately documented. Review of the office notes submitted for this date reveals that this service does not meet the documentation criteria set forth by the CPT Code descriptors for CPT Code 99213. The 96 MFG states that this CPT code descriptor “requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity.” **Reimbursement is not recommended.**

CPT code 99214 on 3-13-03 and 4-01-03 was denied with an “N” – Not appropriately documented. Review of the office notes submitted for this date reveals that this service does not meet the documentation criteria set forth by the CPT Code descriptors for CPT Code 99214. The 96 MFG states that this CPT code descriptor requires at least two of these three key components: a detailed history; a detailed examination, medical decision making of moderate complexity. **Reimbursement is not recommended.**

HCPS Code E0745 and CPT code 97139 on 4-8-03 were denied with an “A” – Preauthorization required, but not requested. However, per Rule 134.600 (h)(11) only items “in excess of **\$500 per item**” require preauthorization. **Reimbursement is recommended in the amount of \$548.00. (\$495.00 + \$53.00).**

CPT code 97110 on 4-14-03, 4-16-03, 4-21-03, 4-23-03, 4-28-03, 5-2-03 and 5-5-03 was denied with an “N” – Not appropriately documented. 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. **Reimbursement not recommended.**

CPT code 97139 on 4-16-03 and 4-23-03 was denied with an “N” – Not appropriately documented. Review of the office notes submitted for this date reveals that there is no mention of a therapeutic procedure in the documentation provided. **Reimbursement is not recommended.**

CPT Codes 99212, 95851, 95852, 93799, 95834, 97750-MT for dates of service 5-8-03 were denied with an “N” – Not appropriately documented. Review of the office notes submitted for this date of service reveals that these services do not meet the documentation criteria set forth by the CPT Code descriptors for these CPT Codes. **Reimbursement is not recommended.**

CPT code 97012 on 5-20-03, was denied with an “N” – Not appropriately documented. Review of the office notes submitted for this date of service reveals that this service was documented on the office check list. **Reimbursement is recommended in the amount of \$20.00.**

CPT Codes 99080-73 on 5-20-03 denied with an “N” – Not appropriately documented. Review of the office notes submitted for this date of service reveals that the requestor sent no additional documents to support this service. **Reimbursement is not recommended.**

CPT code 99455 on 7-21-03 was denied with an “N” – Not appropriately documented. Review of the office notes submitted for this date of service reveals that this Impairment Rating Report was not performed by the Treating Doctor. Per TWCC Rule 134.202 (e)(6)(C)(i) **reimbursement is not recommended.**

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 Order is applicable to dates of service 3-14-03 through 7-21-03 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 Decision and Order is hereby issued this 21 day of January, 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

December 28, 2004

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

**REVISED REPORT
Disputed Services & Decision**

Re: Medical Dispute Resolution
MDR #: M5-04-1988-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI 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 Independent Review, Inc. 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.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. 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 and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: correspondence, office notes and physical therapy notes (04/07/03 – 07/21/03).

Information provided by Respondent: correspondence office notes, physical therapy notes, physical performance exam, radiology report and impairment rating report (05/03 – 04/15/04).

Clinical History:

This patient is 35-year-old male who sustained an injury on _____. The next day, he was experiencing sharp lower back pain with radiation into his right leg and mid back pain. He began chiropractic care in mid March consisting of physical therapies and eventually received a 5% whole-person impairment in July 2003.

Disputed Services:

Total body evaluation, range of motion measurement, unlisted cardio services, manual therapy-tech, mechanical traction, and office visit/outpatient visit for evaluation & management of an established patient on 04/07/03, 05/02/03 and 06/30/03.

Decision & Rationale:

The diagnosis in this case adequately supported the medical necessity of physical performance testing on 04/07/03, so the range of motion measurement (95851) performed on that date were approved. However, since this injury involved the lumbar spine only, it was not medically necessary to perform either the total evaluation of the body service (95834), or the unlisted cardiovascular service (93799) on that date.

On 05/02/03, the medical necessity of the office visit with manipulation was supported; however, performance of joint mobilization (97265) on the same date of service was duplicative and accordingly, not medically necessary.

On 06/30/03, both the diagnosis and the medical records submitted adequately supported the medical necessity of the mechanical traction (97012) that was utilized on that date, so this service was approved.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP:thh