MDR Tracking Number: M5-04-2240-01

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 March 22, 2004.

The IRO reviewed the office visits, therapeutic exercises, therapeutic activities, self care management training, analysis of clinical data and neuromuscular re-education from 10/08/03 through 11/29/03 that was denied based upon "U" & "V".

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.

The self-care management training (97535) for dates of service 10/08/03 and 10/20/03 **were** found to be medically necessary. All remaining services within the date range of 10/08/03 through 11/29/03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for office visits, therapeutic exercises, therapeutic activities, self care management training, analysis of clinical data and neuromuscular re-education.

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.

On May 14, 2004, 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 99080-73 for date of service 10/08/03 denied as "V". Per Rule 129.5 this report is a Commission required report and MDR has jurisdiction over these matters. Per Rule 133.106(f)(1) reimbursement in the amount of $15.00 is recommended.

ORDER

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 outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service after August 1, 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 Order is applicable to dates of service 10/08/03 and 10/20/03 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 Order is hereby issued this 4th day of November 2004

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS

3402 Vanshire Drive Austin, Texas 78738
Phone: 512-402-1400 FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 5/19/04

TWCC Case Number:	
MDR Tracking Number:	M5-04-2240-01
Name of Patient:	
Name of URA/Payer:	Alpha Treatment Centers
Name of Provider: (ER, Hospital, or Other Facility)	Alpha Treatment Centers
Name of Physician: (Treating or Requesting)	Mark Laning, DC

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas

Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Rosalinda Lopez, Texas Workers Compensation Commission

CLINICAL HISTORY

Patient was a 47-year-old female housekeeper for the who, on ___, was standing on a chair to clean when she slipped and fell onto her right arm. She was seen by the company doctor the next day and was diagnosed with a radial head fracture. After 3 weeks, she changed doctors to a doctor of chiropractic and received conservative care and therapy thereafter.

REQUESTED SERVICE(S)

Office visits, problem-focused (99212), therapeutic exercises (97110), therapeutic activities (97530), self-care management training (97535), analysis of computer data (99090), prolonged evaluation and management service (99358), and neuromuscular reeducation (97112) for dates of service 10/08/03 through 11/29/03.

DECISION

The self-care management training (97535) is approved.

All remaining services within the date range are denied.

RATIONALE/BASIS FOR DECISION

The medical records submitted adequately documented that the patient was having difficulty with her activities of daily living, so it was reasonable and necessary for her to receive training in this area. However, the documentation submitted did not support the medical necessity of a problem-focused office visit at every patient encounter, an extended evaluation and management visit on 10/16/03 – particularly when the records state that the patient was not even in the office – an analysis of computer data on date of service 10/08/03, or a prolonged evaluation and management (99358) service.

Insofar as the neuromuscular reeducation is concerned, there was nothing in the medical records that supported the medical necessity of this service as neurological testing was repeatedly within normal limits.

Further, the patient was seen for examination by George Armstrong, M.D. on 09/19/03. On that date, it was his opinion that the patient was not at maximum medical improvement, that active motion exercises for the patient would be appropriate for another eight weeks and that she should be directed to perform them at home. Therefore, the patient should have received sufficient training prior to the specified dates, thus making the treatment in question medically unnecessary.