

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 3-26-04.

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.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The following services **were found** to be medically necessary: myofascial release and joint mobilization procedures from 6/2/03 through 6/16/03; office visits on 6/4/03 and 8/8/03; four (4) units of therapeutic exercises on each date of service between 6/4/03 and 7/16/03; and therapeutic exercises on 8/8/03 and 8/22/03. The hot/cold packs therapy, electrical stimulation (unattended), myofascial release (after 6/16/03), joint mobilization (after 6/16/03), therapeutic exercises (in excess of 4 units from 6/4/03 through 7/16/03, and except for 8/8/03 and 8/22/03), office visits (except for 6/4/03 and 8/8/03), therapeutic procedures, manual therapy techniques, pelvic ultrasound, extremity ultrasound (right and left), and spinal canal ultrasound rendered from 5/7/03 through 8/22/03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 3<sup>rd</sup> day of August 2004.

Regina L. Cleave  
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 Order is applicable to the dates of service 6/2/03 through 8/22/03 (as outlined in the above paragraphs) 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 3<sup>rd</sup> day of August 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/rlc

#### NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** July 7, 2004

#### AMENDED DECISION

**MDR Tracking #:** M5-04-2325-01  
**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.

I was unable to ascertain which documents were submitted by the requestor and which were submitted by the respondent. Following is a list of the documents that were submitted for review:

- Copies of EOBs from 05/30/03 - 08/22/03
- Position statement from \_\_\_ 05/03/04 with accompanying literature on back injuries by \_\_\_ and a treatment tracking calendar
- Table of disputed services 05/07/03 - 08/22/03
- TWCC E-1 04/1/03
- Reports / notes by \_\_\_ 04/15/03 - 08/22/03
- X-ray report 04/17/03
- MRI report 04/22/03
- Nerve conduction testing report 05/07/03
- Diagnostic Sonography report 05/07/03
- TWCC-73, consultation report from \_\_\_ 05/09/03
- Required medical examination report from \_\_\_ 07/02/03
- Functional capacity evaluation report 06/25/03
- Subsequent narrative report from \_\_\_ 08/06/03
- TWCC-73 by \_\_\_ 08/15/03
- Report to MDR / IRO Doctor by \_\_\_ 05/04/04
- Designated Doctor report by \_\_\_ 10/08/03

### **Clinical History**

This case involves a claimant who was injured while on-the-job on \_\_\_. Allegedly, the claimant injured his low back when he slipped on a wet spot on the floor and fell on his back and buttocks. Initial complaints included right low back pain and pain down the right leg. The claimant underwent passive and active therapy from 04/15/03 through at least 08/22/03. A MRI study dated 04/22/03 indicated the presence of a right L4/L5 disc bulge. On or about 08/15/03 the claimant returned to work without restrictions.

### **Requested Service(s)**

I have been asked to present a decision regarding the medical necessity of hot/cold pack therapy (97010), electrical stimulation unattended (97014), myofascial release (97250), joint mobilization (97265), therapeutic exercises (97110), therapeutic procedures (97150), manual therapeutic techniques (97140), office visits (99213), pelvic ultrasound (76856), extremity ultrasound (76880 right and left) and spinal canal ultrasound (76800) rendered or supplied to the claimant from 05/07/03 through 08/22/03.

## **Decision**

Based on the information contained within the submitted documentation, the hot/cold pack therapy (97010), electrical stimulation unattended (97014), therapeutic procedures (97150), therapeutic exercises (97110) at 5 to 7 units per visit, manual therapeutic techniques (97140), office visits (99213), pelvic ultrasound (76856), right and left extremity ultrasounds (76880 RT and LT), and the spinal canal ultrasound (76800) rendered to the claimant from 05/07/03 through 08/22/03 were not medically necessary. The myofascial release (97250) and joint mobilization procedures (97265) rendered from 06/02/03 through \_\_\_ were medically necessary. Office visits (level 99213) for dates of service 06/04/03 and 08/08/03 was medically reasonable and necessary. Four units of therapeutic exercises on each date of service between 06/04/03 and 07/16/03 and on dates of service 08/08/03 and 08/22/03 was medically reasonable and necessary.

## **Rationale/Basis for Decision**

Hot/Cold Pack Therapy (97010) - The use of this passive modality beyond the initial 4 weeks post-injury or "acute" phase of care is not supported by current and accepted standards of physiotherapeutic care.

Electrical Stimulation Unattended (97014) - The use of this passive modality beyond the initial 4 weeks post-injury or "acute" phase of care is not supported by current and accepted standards of physiotherapeutic care.

Myofascial Release (97250) - The use of this treatment beyond the initial 8 weeks post-injury is not supported by current and accepted standards of physiotherapeutic care. The documentation contains no objective information to justify the continuation of this treatment beyond the initial 8 weeks of care (beyond \_\_\_).

Joint Mobilization (97265) - The use of this treatment beyond the initial 8 weeks post-injury is not supported by current and accepted standards of physiotherapeutic care. The documentation contains no objective information to justify the continuation of this treatment beyond the initial 8 weeks of care (beyond \_\_\_).

Therapeutic Exercises (97110) - Given the history of injury, the objective findings, and the claimant's symptomatic and functional progression throughout care, 4 units of therapeutic exercises per visit on dates of service 06/04/03 through 07/16/03 was quite adequate to improve the claimant's condition. Beyond that, the claimant should have a thorough knowledge for self-exercises at home. Follow-ups on 08/08/03 and 08/22/03 to insure compliance and correct performance were reasonable and necessary.

Therapeutic Procedures (97150) - This code is to be used for "group" therapeutic procedures conducted on or for 2 or more people a single period of time. The documentation does not support that this type of service occurred, nor does it support the rationale for this type of service being rendered to the claimant.

Manual Therapy Techniques (97140) - The use of this treatment beyond the initial 8 weeks post-injury is not supported by current and accepted standards of physiotherapeutic care. The documentation contains no objective information to justify the continuation of this treatment beyond the initial 8 weeks of care (beyond \_\_\_).

Office Visits (99213) - There is no evidence in the submitted documentation for dates of service to show that this level of evaluation/management occurred. Even if the supportive evidence existed in the documentation, current standards of care do not support the 99213 level office visit being conducted more than once in a 4 week time span during a given treatment plan. The documentation does contain evidence to support that 99212 level office visits occurred on dates 06/04/03 and 08/08/03. The frequency and level of these evaluation and management services was reasonable and necessary.

Pelvic Ultrasound (76856) - Based on the history of the compensable injury and the claimant's symptomatic presentation, this diagnostic test was not medically necessary by current and accepted standards of physiotherapeutic care.

Extremity Ultrasound (76880 RT and LT) - Based on the history of the compensable injury and the claimant's symptomatic presentation, this diagnostic test was not medically necessary by current and accepted standards of physiotherapeutic care.

Spinal Canal Ultrasound (76800) - Based on the history of the compensable injury and the claimant's symptomatic presentation, this diagnostic test was not medically necessary by current and accepted standards of physiotherapeutic care.

**LITERARY SOURCES:**

Guidelines for Chiropractic Quality Assurance and Practice Parameters, Haldeman, Scott et al, Aspen Publications, Gaithersburg, MD, 1993.

Guide To Physical Therapist's Practice: Second Edition, Rothstein, Jules et al, Physical Therapy, Vol. 81. No. 1, January 2001.

Orthopedic Disorders, Mourad, Leona et al, Mosby, St. Louis, MO, 1991.

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 7<sup>th</sup> day of July 2004.