

MDR Tracking Number: M5-04-2505-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 12-22-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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

Hot-cold pack therapy, therapeutic exercises, Levels I and II office visits with and without manipulations unlisted modality, myofascial release, electrical stimulation unattended, therapeutic activities, chiropractic manipulation, each additional manipulation, and chiropractic manipulative treatment from 6-11-03 through 8-19-03 were 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 fees were not the only fees 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 6-18-04 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.

- CPT Code 99212 for dates of service 7-3-03 and 7-7-03 was denied with an F denial code. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. **Therefore, reimbursement is recommended in the amount of \$64.00.**
- CPT Code 97110 for dates of service 7-3-03 and 7-7-03 was denied with an F denial code. 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. **Additional reimbursement not recommended.**

- CPT Code 97250 for dates of service 7-3-03 and 7-7-03 was denied with an F denial code. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. **Therefore, reimbursement is recommended in the amount of \$86.00.**
- CPT Code 99214 for date of service 7-29-03 was denied with an N denial code. Review of the office notes submitted for date of service 7-29-03 does not meet the documentation criteria set forth by the CPT Code descriptor for CPT Code 99214. **Therefore, reimbursement is not recommended.**

This Finding and Decision is hereby issued this 28th day of October, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Pursuant to 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) for dates of service through July 31, 2003; 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 Decision is applicable for dates of service 6-11-03 through 8-19-03 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 28th day of October 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

June 17, 2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-2505-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ is a 25 year old male stocker for Wal-Mart stores who, on ___, went into the cooler of the produce section to get a 25 pound box of vegetables. When he bent down to pick them up, he twisted his torso to the left to put the box on a cart and felt a sharp pain in his lower back. He reported the incident, but kept on working. The pain increased and started to radiate into his left knee, so he presented to a doctor of chiropractic on 5-10-03 where physical therapy was initiated.

DISPUTED SERVICES

The items in dispute are: Hot./Cold Pack Therapy, Therapeutic exercises, Levels I and II Office Visits w/ and w/o Manipulations, Unlisted Modality, Myofascial Release, Electric Stimulation Unattended, Therapeutic activities, Chiropractic Manipulation, Each Additional Manipulation, and Chiropractic Manipulative Treatment.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

___ presented himself directly to the doctor of chiropractic for evaluation and treatment, and a short course of conservative chiropractic care then ensued, consisting of spinal manipulation and physical therapy. The treating doctor also sought the opinion of a medical doctor early on in-treatment for consultation as well as pharmacological evaluation that proved helpful, too. However, when the response was less than desired, the treating doctor eventually referred the patient for medial branch nerve block injections.

In terms of efficacy of the treatment, this patient presented with VAS (Visual Analog Scale) readings of “8” out a possible 10 (scale of 1-10) on his first visit on 5-13-03. On 6-17-03, the patient reported being 9.5/10 (same scale); however, on 7-08-03, he was a 7/10, and on 7-29-03, he was 4/10 with “no more left lower back pain.” Moreover, insofar as active range of motion was concerned, on the initial examination on 5-13-03, lumbar range of motion was 15 degrees flexion, 10 degrees lumbar extension, 11 degrees left lateral flexion, and 11 degrees right lateral flexion. On 7-30-03, he improved to 21 degrees lumbar flexion, 14 degrees lumbar extension, 21 degrees left lateral flexion and 27 degrees right lateral flexion. Therefore, since the care successfully “relieved[d] the effects naturally resulting from the compensable injury” and “promote[d] recovery,” [Texas Labor Code 408-021], it was medically necessary.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee’s policy.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Specialty IRO is forwarding this finding by US Postal Service to the TWCC.

Sincerely,