

MDR Tracking Number: M5-04-2511-01

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 4-8-04.

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.

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. A maximum of 3 units of post-surgical therapeutic exercises per date of service from 8-1-03 through 8-27-03 **were found** to be medically necessary. The therapeutic exercises (except as noted above), office visits, manual traction, unlisted neurological procedure, joint mobilization and myofascial release from 4-16-03 through 8-27-03 **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 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 7-29-04, 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 Code 99213 for 8-5-03 was denied with an N. Review of the office notes submitted revealed that this service does not meet the documentation criteria set forth by the CPT Code descriptor for CPT Code 99213. **Therefore, reimbursement is not recommended.**
- CPT Code 99213 for dates of service 8-11-03, 8-12-03, 8-14-03, 8-19-03, 8-21-03, was denied with an F. 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 \$314.05.**
- CPT Code 97110 for dates of service 8-5-03, 8-11-03, 8-12-03, 8-14-03, 8-19-03, 8-21-03 was denied with an F. 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.**

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical 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 8-1-03 through 8-27-03 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 26<sup>th</sup> day of October, 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

NOTICE OF INDEPENDENT REVIEW DECISION

June 17, 2004

**Revised Notice 06/25/04**  
**Note: Attachment Added**

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

**Amended letter 07/29/04**

RE: Injured Worker:  
MDR Tracking #: M5-04-2511-01  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional 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 TMF 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 patient sustained a work-related injury on \_\_\_ when a freezer door slammed into him striking his right upper extremity. The patient was experiencing intense muscle spasms in the wrist and forearm area. The patient was referred to an orthopedic specialist and was diagnosed with bilateral carpal tunnel syndrome and treated with a wrist splint, anti-inflammatory medication and conservative physical therapy. He received chiropractic care in the form of 97110 – Therapeutic exercises, 99213 – Office visits, 97122 – manual traction, 65666-WP – unlisted neurological procedure, 97265 – joint mobilization, and 97250 – myofascial release.

### Requested Service(s)

97110 – Therapeutic exercises, 99213 – Office visits, 97122 – manual traction, 95999-WP – unlisted neurological procedure, 97265 – joint mobilization, and 97250 – myofascial release billed from 04/16/03 through 08/27/03.

### Decision

It is determined that a maximum of 3 units of post-surgical therapeutic exercises per date of service (DOS) would be indicated for 4 weeks beginning 08/01/03 and ending 08/27/03. The remainder of the services including 97110 – Therapeutic exercises, 99213 – Office visits, 97122 – manual traction, 95999-WP – unlisted neurological procedure, 97265 – joint mobilization, and 97250 – myofascial release billed from 04/16/03 through 08/27/03 were not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

There is no medical record documentation to support the necessity for treatments or procedures provided for April through May of 2003. The daily progress notes provided were computer generated, essentially verbatim from day to day and practically super imposable upon each other. Therefore, there is no documentation to support the medical necessity for any treatment in June and July of 2003. Solely on the basis that right carpal tunnel surgery was performed on 07/17/03, post surgical rehabilitation – in the form of maximum of 3 units of therapeutic exercises (97110) per date of service would be indicated for 4 weeks beginning 08/01/03 and ending 08/27/03. There is no documentation to support the medical necessity of the office visits or any other procedures performed during August 2003.

Sincerely,