

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER: 453-05-3189.M5

MDR Tracking Number: M5-04-2588-01

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. This dispute was received on 4-16-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that therapeutic exercises, work hardening and work hardening/each additional hour, hot-cold packs and FCE from 8-6-03 through 9-24-03 were not medically necessary. Therefore, the requestor is not entitled to a reimbursement of the paid IRO fee.

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 8-3-04, 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. Neither the requestor nor the respondent responded to this Notice.

The carrier denied CPT Codes 97710, 97014, 97010, 99213, 97545, 97546 and 97750 for dates of service 7-1-03 through 8-20-03 (except 8-6-03) with either L "not treating doctor" or N "not appropriately documented" denial codes. However, the requestor submitted no additional SOAP notes or rationale for these services. **Recommend no reimbursement.**

Partial payment for CPT code 97110 on 7-31-03 was made by the insurance carrier. 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.**

This Finding and Decision is hereby issued this 5th day of November 2004.

Medical Review Division

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 7/29/04

TWCC Case Number:	
MDR Tracking Number:	M5-04-2588-01
Name of Patient:	
Name of URA/Payer:	Rehab 2112
Name of Provider: (ER, Hospital, or Other Facility)	Rehab 2112
Name of Physician: (Treating or Requesting)	Marcus Wilcox, DC

June 17, 2004

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: Texas Workers Compensation Commission

CLINICAL HISTORY

After a fall at work on ____, the patient underwent physical medicine treatments and right knee arthroscopic surgery for a torn medial meniscus and chondroplasty.

REQUESTED SERVICE(S)

97110–Therapeutic exercises; 97545-Work Hardening and 97546-Work Hardening/each additional hour; 97010-Hot/cold packs; 97750-FC- Functional Capacity Evaluation from 08.06/03 to 09/24/03 (excluding DOS 08/11/03-08/26/03).

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

After the right knee surgery was performed, it is reasonable to assume that 4 weeks of post-surgical rehabilitation (beginning on 06/30/03 and ending on 07/28/03) would be indicated. However, there was no documentation in the records submitted to support the medical necessity for continuing the treatment past that time. There was also no documentation in the records submitted to support the medical necessity for the FCE examination performed on 09/24/03.

Since patient's pain rating was 5 at the initiation of treatment and remained at 5 when work hardening was terminated, the work hardening program was ineffective and did not relieve the effects of the injury. Moreover, no documentation was submitted that would in any way substantiate the medical necessity of the intensive treatment, that the program was highly individualized, that a multi-disciplinary approach was indicated, or why a home exercise program would not have yielded the same or greater benefit.