

MDR Tracking Number: M5-04-2689-01

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 April 26, 2004.

The IRO reviewed office visits, electrical stimulation, manual traction, myofascial release, joint mobilization, therapeutic exercises, neuromuscular re-education, chiropractic manipulation, and hot/cold pack therapy for dates of service 04/28/03 through 12/04/03 that were denied based upon "U".

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 IRO reviewer concluded that office visits, electrical stimulation, therapeutic exercises and chiropractic manipulations from 04/28/03 through 07/16/03 **were** found to be medically necessary. The IRO reviewer concluded that all remaining services and procedures for dates of service 04/28/03 through 12/04/03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for office visits, electrical stimulation, manual traction, myofascial release, joint mobilization, therapeutic exercises, neuromuscular re-education, chiropractic manipulation, and hot/cold pack therapy.

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 July 23, 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 97122 for date of service 05/19/03 denied as "F". Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(10)(a) reimbursement in the amount of \$35.00 is recommended.
- CPT Code 99080-73 for dates of service 04/28/03 through 10/21/03 denied as "F" and "U" (date of service 08/26/03). Per Rule 129.5 the Work Status Report is a required report and MDR has jurisdiction over these matters; therefore, per Rule 133.106(f)(1) reimbursement in the amount of \$105.00 (\$15.00 x 7) is recommended.
- CPT Code 97750-PPE for date of service 07/24/03. Neither party submitted EOBs. Therefore, this code will be reviewed according to TWCC Rules and the 1996 Medical

- Fee Guideline. Per Rule 133.307(e)(2)(A) the requestor did not submit a HCFA-1500; therefore, MDR cannot determine how many units were billed. Reimbursement is not recommended.
- CPT Code 99213 for date of service 08/14/03 denied as “N”. Per Rule 133.307(g)(3)(B) the requestor did not submit relevant information to support services were rendered as billed. Reimbursement is not recommended.

This Decision is hereby issued this 4th day of November, 2004

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf

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 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 Order is applicable to dates of service 04/28/03 through 10/28/03 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

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/MF/mf
Enclosure: IRO decision

Amended

June 24, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-2689-01
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 Chiropractor. 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

The patient is a 34 year old male construction worker who, on ____, fell from a 6 to 8 foot scaffolding and injured his lumbar spine, left parascapular region and fractured two ribs. He was initially treated at the emergency room and then began physical therapy with Drs. Wardlay and Bayles, F.O. Around 4-26-2003, he changed treating doctors to Dr. Upchruch, who continued with physical therapy. In the late spring, he underwent a series of 3 epidural steroid injections.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of office visits, elec. stimulation, manual traction, myofascial release, joint mobilization, therapeutic exercises, neuromuscular re-

education, chiropractic manipulations (1 to 2 regions and 3 to 4 regions) and hot/cold pack from the dates of 4-28-2003 to 12-04-2003 and required reports on 8-26-2003.

DECISION

The reviewer disagrees with the previous adverse determination regarding office visits, electronic stimulation, therapeutic exercises and chiropractic manipulations from 4-28-2003 through 7-16-2003 and required reports on 8-26-2003. The reviewer agrees with the previous adverse determination regarding all remaining services and procedures through the date range in question.

BASIS FOR THE DECISION

The reviewer states that office visits, spinal manipulations, therapeutic exercises and electronic stimulation are indicated treatments during epidural steroid injections. However, the usage of these treatments past 7-16-2003 cannot be supported by the documentation submitted. Also, joint mobilization is a component of spinal manipulations; therefore, performance of these services on the same date would be duplicative in nature. The spinal manipulations have already been approved and therefore the joint mobilization is not necessary. There is no documentation suggesting the presence of myofascial pain syndrome or neuromuscular dysfunction; therefore, myofascial release and neuromuscular re-education are not necessary.

Finally, the reviewer states that with daily treatment notes fail to document what form of “manual traction” was applied or to what area(s), or for how long (it is a time based code); therefore, without proper documentation the medical necessity of this procedure cannot be determined.

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.

Sincerely,

Wendy Perelli, CEO
CC: Specialty IRO Medical Director