

MDR Tracking Number: M5-04-2788-01

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, 133.307 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 04-29-04.

The IRO reviewed chiropractic treatments including myofascial release, therapeutic exercises, therapeutic procedures, ultrasound, hot/cold pack therapy, electrodes-pair, office visits, electrical stimulation, injured tendon/ligament/cyst and manual therapeutic technique rendered from 05-02-03 through 08-29-03 that were denied based upon "V".

The IRO determined that the myofascial release, therapeutic exercises, therapeutic procedures and manual therapy from 05-02-03 through 08-29-03 **were** medically necessary. The IRO determined that the ultrasound, hot/cold pack, electrodes-pair, office visits, electrical stimulation and injured tendon/ligament/cyst from 05-02-03 through 08-29-03 **were not** medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the **majority** of 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.

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. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 10-13-04, 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.

Review of CPT code 97110 dates of service 05-20-03, 06-26-03 and 06-30-03 revealed that for dates of service 06-26-03 and 06-30-03 neither the requestor nor the respondent submitted EOB's. For date of service 05-20-03 the requestor submitted an EOB with denial code "V" (unnecessary medical with peer review), however per Rule 133.307(e)(3)(c) the submission of this information was not timely and therefore this date of service will be reviewed as a fee issue. 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. Reimbursement not recommended.

Review of CPT code 97150 dates of service 05-20-03, 06-26-03, 06-30-03 and 07-24-03 revealed that for dates of service 06-26-03 and 06-30-03 neither the requestor nor the respondent submitted EOB's. For dates of service 05-20-03 and 07-24-03 the respondent submitted EOB's with denial code "V" (unnecessary medical with peer review), however per Rule 133.307(e)(3)(c) the submission of this information was not timely and therefore these dates of service will be reviewed as a fee issues. The requestor per Rule 133.307(e)(2)(B) did not submit convincing evidence of carrier receipt of the providers request for EOB's for dates of service 06-26-03 and 06-30-03. Reimbursement is recommended per the 96 Medical Fee Guideline MEDICINE GR I (9)(b) for dates of service 05-20-03 and 07-24-03 in the amount of \$54.00 (\$27.00 X 2 DOS).

Review of CPT code 97250 dates of service 06-30-03 and 07-24-03 revealed that for date of service 06-30-03 neither the requestor nor the respondent submitted an EOB. For date of service 07-24-03 the respondent submitted an EOB with denial code "V" (unnecessary medical with peer review), however per Rule 133.307(e)(3)(c) the submission of this information was not timely and therefore this date of service will be reviewed as a fee issue. The requestor per Rule 133.307(e)(2)(B) did not submit convincing evidence of carrier receipt of the providers request for EOB's for date of service 06-30-03. Reimbursement is recommended per the 96 Medical Fee Guideline MEDICINE GR I (9)(c) for date of service 07-24-03 in the amount of \$43.00.

Review of CPT code 97010 dates of service 06-30-03 and 07-24-03 revealed that for date of service 06-30-03 neither the requestor nor the respondent submitted an EOB. For date of service 07-24-03 the respondent submitted an EOB with denial code "V" (unnecessary medical with peer review), however per Rule 133.307(e)(3)(c) the submission of this information was not timely and therefore this date of service will be reviewed as a fee issue. Reimbursement is recommended per the 96 Medical Fee Guideline MEDICINE GR I (9)(a)(ii) for date of service 07-24-03 in the amount of \$11.00.

Review of CPT code 97035 dates of service 07-01-03 and 07-24-03 revealed that for date of service 07-01-03 neither the requestor nor the respondent submitted an EOB. For date of service 07-24-03 the respondent submitted an EOB with denial code "V" (unnecessary medical with peer review), however per Rule 133.307(e)(3)(c) the submission of this information was not timely and therefore this date of service will be reviewed as a fee issue. The requestor per Rule 133.307(e)(2)(B) did not submit convincing evidence of carrier receipt of the providers request for EOB's for date of service 07-01-03. Reimbursement is recommended per the 96 Medical Fee Guideline MEDICINE GR I (9)(a)(iii) for date of service 07-24-03 in the amount of \$22.00.

Review of CPT code 97014 dates of service 07-01-03 and 07-24-03 revealed that for date of service 07-01-03 neither the requestor nor the respondent submitted an EOB. For date of service 07-24-03 the respondent submitted an EOB with denial code "V" (unnecessary medical with peer review), however per Rule 133.307(e)(3)(c) the submission of this information was not timely and therefore this date of service will be reviewed as a fee issue. The requestor per Rule 133.307(e)(2)(B) did not submit convincing evidence of carrier receipt of the providers request for EOB's for date of service 07-01-03. Reimbursement is recommended per the 96 Medical Fee Guideline MEDICINE GR I (9)(a)(iii) for date of service 07-24-03 in the amount of \$15.00.

Review of CPT code 99213 date of service 07-03-03 revealed that neither the requestor nor the respondent submitted an EOB. The requestor per Rule 133.307(e)(2)(B) did not submit convincing evidence of carrier receipt of the providers request for an EOB. No reimbursement is recommended.

CPT code 99214 dates of service 07-17-03 and 07-24-04 denied with denial code "G" (global). Per Rule 133.304(c) the carrier did not specify which service code 99214 was global to; therefore it will be reviewed according to the 96 Medical Fee Guideline EVALUATION AND MANAGEMENT GR VI(B) and reimbursement in the amount of \$142.00 (\$71.00 X 2 DOS) is recommended.

CPT code J3490 date of service 07-17-03 denied with denial code "N" (not documented). The requestor did not submit documentation for review. No reimbursement recommended.

This Findings and Decision is hereby issued this 9th day of November 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 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) and in accordance with Medicare program reimbursement methodologies effective 08-01-03 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 05-02-03 through 08-29-03 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 9th day of November 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

July 16, 2004

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

RE: Injured Worker:
MDR Tracking #: M5-04-2788-01
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 care. 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 ___ while working as a service representative for SouthWestern Bell. The patient reported that she began to experience numbness and pain over the hands and arms as a result of typing on a computer. In addition, she complained of cervical and lumbar pain. The initial chiropractic evaluation revealed that the patient had sustained bilateral carpal tunnel injury, left cubital tunnel injury, and cervical spine injury. Electrodiagnostic studies revealed severe bilateral carpal tunnel syndrome. On 11/07/02 the patient underwent left transverse carpal ligament release, neurolysis of the median nerve, tenosynovectomy of the flexor tendon of the palm/wrist, and a release of the distal forearm flexor retinaculum. On 02/26/03 the patient underwent right transverse carpal ligament release, neurolysis of the median nerve, tenosynovectomy of the flexor tendon of the palm/wrist, and full release of the distal forearm flexor retinaculum. An MRI of the cervical spine performed on 04/16/03 revealed multilevel severe

spondylosis deformans, disc bulge at C5-6 and left neural foramen. Electrodiagnostic report on 05/22/03 revealed findings that were suggestive of bilateral carpal tunnel and left pronator teres syndrome. Invasive pain controls over the left elbow that included left brachioradialis/suprolateral aspect of the elbow injections were performed on 06/03/03 and 06/17/03. Left pronator teres injection was performed on 07/13/03-08/12/03. Epidural steroid injection series over the cervical spine was performed on 07/19/03. Injection series to the left cubital tunnel region was performed on 07/24/03.

Requested Service(s)

Chiropractic treatments including 97250-Myofascial release, 97110-Therapeutic exercises, 97150-Therapeutic Procedures, 97035-Ultrasound, 97010-Hot/cold-pack therapy. A4556-Electrodes-Pair, 99213, 99214-Office visits, 97014/G0283-Electrical stimulation, 20550-Injured tendon/ligament/cyst, and 97140-Manual therapeutic technique billed from 05/02/03 through 08/29/03.

Decision

It is determined that the 97250-Myofascial release, 97110-Therapeutic exercise, 97150-Therapeutic procedures, and 97140-Manual therapy from 05/02/03 through 09/29/03 were medically necessary to treat this patient's condition. However, the 97035-Ultrasound, 97010-Hot/cold pack, A4556-Electrodes-pair, 99213, 99214-Office visits, 97014/G0283-Electric stimulation, and 20550-Injured tendon/ligament/cyst from 05/02/03 through 08/29/03 were not medically necessary.

Rationale/Basis for Decision

The rationale of the carrier to disallow physical therapy applications, in any capacity, following injection procedures in the management of this patient's documented pain generators over the upper quarter is not clear. It is clear that the patient underwent a series of injections for pain management and to facilitate greater functional rehabilitation gains in physical therapy program. The patient's past medical/surgical history is relevant and may explain her slowed functional progress.

Multidisciplinary management of this patient is vital. The provider has widened the therapeutic algorithm to facilitate greater functional rehabilitation gains with invasive pain controls, which is applicable. At the same time, the continued utilization of passive application like hot/cold pack, office visits, ultrasound, and electrical stimulation serve no effective purpose in the management of this patient's condition, efficacy has not been shown to warrant the application.

Sincerely,