

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 4-29-04.

On 6-8-04, the requestor withdrew CPT codes 97014 and 97110 on 5-12-03.

The IRO reviewed medical necessity of office visits, ROM and muscle test, myofascial release, therapeutic exercises, unlisted therapeutic procedure, joint mobilization, diathermy, therapeutic procedure, mechanical traction, chiropractic manipulation, massage, supplies and materials.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid 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.

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

On October 27, 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.

The following table identifies the disputed services and Medical Review Division's rationale:

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified below. The requestor submitted convincing evidence that supports bills were submitted for audit. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale		
5-6-03 7-7-03	99070	\$8.00	\$0.00	F	DOP	General Instructions GR (III)	The respondent did not dispute documentation or amount billed; therefore, per MFG reimbursement of \$8.00 X 2 dates = \$16.00 is recommended.		
5-7-03	72110WP	\$124.00	\$60.00	F	\$100.00	CPT Code Descriptor	MAR reimbursement of \$100.00 is recommended.		
5-7-03	97024	\$25.00	\$60.00	F	\$21.00	CPT Code Descriptor	MAR reimbursement of \$21.00 is recommended.		
5-15-03	97110(4)	\$140.00	\$105.00	N	\$35.00/ 15 min	Medicine GR (I)(A)(9)(b)	See Rationale below		
5-16-03 5-28-03	99070	\$8.00	\$0.00	N	DOP	General Instructions GR (III)	SOAP note supports service billed reimbursement of \$8.00 X 2 dates = \$16.00 is recommended.		
5-19-03	99070	\$28.50	\$0.00	N	DOP		SOAP note supports service billed reimbursement of \$28.50 is recommended.		
5-27-03	97750MT	\$258.00	\$0.00	F	\$43.00/body area	Medicine GR (I)(E)(3) and (I)(D)(1)(e)	Spine testing supports reimbursement of \$43.00.		
5-28-03	97110(6)	\$210.00	\$105.00	No EOB	\$35.00/ 15 min	Medicine GR (I)(A)(9)(b)	See Rationale below		
5-30-03 6-9-03 6-11-03	97110(7)	\$245.00	\$105.00	F	\$35.00/ 15 min	Medicine GR (I)(A)(9)(b)	See Rationale below		
7-11-03	97110(8)	\$280.00	\$140.00	No EOB	\$35.00/15 min	Medicine GR (I)(A)(9)(b)	See Rationale below		
6-2-03 6-4-03 6-9-03	97265	\$43.00	\$0.00	N	\$43.00	CPT Code Descriptor	Requestor failed to specifically document service, no reimbursement is recommended.		
6-2-03 6-4-03 6-9-03 6-16-03 6-18-03 6-20-03 6-23-03 6-25-03 7-7-03 7-18-03	97250	\$43.00	\$0.00	N	\$43.00				
6-2-03	97110(8)	\$280.00	\$105.00	F	\$35.00/15 min			Medicine GR (I)(A)(9)(b)	See Rationale below
6-12-03	97750MT	\$258.00	\$0.00	N	\$43.00/body area			Medicine GR (I)(E)(3) and (I)(D)(1)(e)	Spine testing supports reimbursement of \$43.00.

7-16-03	97750MT	\$258.00	\$0.00	D	\$43.00/body area	Medicine GR (I)(E)(3) and (I)(D)(1)(e)	Spine testing supports reimbursement of \$43.00.
6-13-03	99070	\$8.00	\$0.00	D	DOP	General Instructions GR (III)	Biofreeze was not a duplicate of service billed on this date, reimbursement of \$8.00 is recommended.
6-16-03	97265	\$43.00	\$0.00	G	\$43.00	Joint mobilization	Joint mobilization is not global to service billed on this date, reimbursement of \$43.00 is recommended.
6-25-03	97265	\$43.00	\$0.00	F	\$43.00	Joint mobilization	MAR reimbursement of \$43.00 is recommended.
6-27-03 7-2-03	97250	\$43.00	\$0.00	No EOB	\$43.00	Myofascial release	MAR reimbursement of \$43.00 X 2 = \$86.00 is recommended.
7-1-03	97750MT	\$172.00	\$100.00	F	\$43.00/body area	Medicine GR (I)(E)(3) and (I)(D)(1)(e)	Spine testing supports reimbursement of \$43.00. Carrier has paid \$100.00. No additional reimbursement is recommended.
7-22-03	97750MT	\$172.00	\$100.00	D	\$43.00/body area	Medicine GR (I)(E)(3) and (I)(D)(1)(e)	Spine testing supports reimbursement of \$43.00. Carrier has paid \$100.00. No additional reimbursement is recommended.
7-2-03	99070	\$25.00	\$0.00	G	DOP	General Instructions GR (III)	Electrodes are global to the electrical stimulation therapy, requestor does not support that additional electrodes were necessary to administer service; therefore, no reimbursement is recommended.
7-7-03 7-9-03	97110(8)	\$280.00	\$140.00	F	\$35.00/15 min	Medicine GR (I)(A)(9)(b)	See Rationale below
7-9-03	97265	\$43.00	\$43.00	S	\$43.00	EOB	Service was paid.
7-11-03 7-21-003	99213	\$50.00	\$0.00	N	\$48.00	Office Visit	Office visit report supports billed service, reimbursement of \$48.00 X 2 dates = \$96.00.
7-18-03 7-21-03	97014	\$17.00	\$0.00	N	\$15.00	CPT Code Descriptor	Requestor documented service, reimbursement is recommended of \$15.00 X 2 = \$30.00

7-18-03 7-21-03	97024	\$25.00	\$0.00	N	\$21.00	CPT Code Descriptor	Requestor documented service, reimbursement is recommended of \$21.00 X 2 = \$42.00
8-11-03 8-13-03 8-15-03 8-18-03 8-19-03	99212-25	\$41.91	\$0.00	No EOB	\$41.91	CPT Code Descriptor	MAR reimbursement of \$41.91 X 5 dates = \$209.55 is recommended.
8-11-03 8-15-03 8-18-03 8-19-03 8-20-03 8-21-03 8-22-03	97012	\$17.20	\$0.00	No EOB	\$17.21	CPT Code Descriptor	MAR reimbursement of \$17.21 X 7 dates = \$120.47 is recommended.
8-11-03 8-13-03 9-3-03	97110	\$260.00	\$0.00	No EOB	\$32.64	Rule 134.202	See Rationale below
8-15-03	97110	\$227.50	\$0.00	No EOB	\$32.64	Rule 134.202	See Rationale below
8-11-03 8-13-03 8-15-03 8-18-03 8-19-03 8-20-03 8-21-03 8-22-03	98941	\$41.88	\$0.00	No EOB	\$41.89	CPT Code Descriptor	MAR reimbursement of \$41.88 X 8 dates = \$335.04 is recommended.
8-11-03 8-13-03 8-15-03 9-3-03	97150	\$21.37	\$0.00	No EOB	\$21.38	CPT Code Descriptor	MAR reimbursement of \$21.37 X 4 dates = \$85.48 is recommended.
8-11-03 8-18-03 9-12-03	99080-73	\$15.00	\$0.00	No EOB	\$15.00	Rule 129.5(d)	Changes in claimant's work status were documented, reimbursement of \$15.00 X 3 = \$45.00 is recommended.
8-18-03 8-19-03 8-20-03 8-21-03 8-22-03 9-3-03	97024	\$5.53	\$0.00	No EOB	\$5.53	CPT Code Descriptor	MAR reimbursement of \$5.53 X 6 dates = \$33.18 is recommended.
8-18-03 8-19-03 8-20-03 8-21-03 8-22-03 9-3-03	97139EU	\$18.25	\$0.00	No EOB	\$18.25	CPT Code Descriptor	MAR reimbursement of \$18.25 X 6 dates = \$109.50 is recommended.

8-18-03 8-19-03 8-20-03 8-21-03 8-22-03	97124	\$25.69	\$0.00	No EOB	\$25.69	CPT Code Descriptor	MAR reimbursement of \$25.69 X 5 dates = \$128.45 is recommended.
8-20-03 8-21-03 8-22-03	99211-25	\$23.35	\$0.00	No EOB	\$23.35	CPT Code Descriptor	MAR reimbursement of \$23.35 X 3 dates = \$70.05 is recommended.
9-9-03 9-12-03	99213	\$58.99	\$0.00	No EOB	\$58.99	CPT Code Descriptor	MAR reimbursement of \$58.99 X 2 dates = \$117.98 is recommended.
9-9-03	97750MT (6)	\$200.40	\$0.00	No EOB	\$33.41	CPT Code Descriptor	MAR reimbursement of \$33.41 X 6 dates = \$200.40 is recommended.
8-21-03 9-12-03	99070	\$8.00	\$0.00	No EOB	NRF		
TOTAL							The requestor is entitled to reimbursement of \$2113.60

Rationale for 97110:

Recent review of disputes involving one-on-one 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 therapy notes for these dates of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the 1996 MFG, Rule 134.202 and 133.307(g)(3). Therefore, reimbursement is not recommended.

DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes, 99070, 72110WP, 99211, 99212, 99213, 97024, 97012, 97265, 97250, 97750MT, 98941, 97139EU, 97150, 99080-73 in the amount of **\$2113.60**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$2113.60** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 20th day of January 2005.
Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

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Austin, Texas 78758

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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

October 5, 2004

Re: IRO Case # M5-04-2797 amended 8/10/04

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed in Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Letter to IRO 9/3/04
4. Employers first report of injury ____

5. MRI report of spine 5/29/03
6. Electrodiagnostic study report
7. Reports 6/12/03
8. Summary of provider's position 9/3/04
9. Report of evidence relied upon to form basis of medical opinions
10. D.C. SOAP notes
11. Therapeutic procedures charts
12. Strength testing reports
13. Prescription for Biofreeze
14. D.C. initial medical narrative report 5/6/03
15. Subsequent medical narrative report 5/22/03
16. Range of motion reports
17. Reports 5/8/03, 9/18/03

History

The patient injured her back in ____ while trying to close a gate. She saw her chiropractor on 5/5/03 and began treatment with him. The patient has had MRIs of the cervical, thoracic and lumbar spine.

Requested Service(s)

OV, muscle test, myofascial release, ther exercises, unlisted ther procedure, joint mobilization, diathermy, ther procedure, mechanical traction, chiropractic manipulation, massage, supplies and materials, ROM 6/6/03 – 10/7/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

Based on the documentation provided for this review, it appears that the patient suffered no more than a soft tissue strain injury that should have responded very well to basic manipulation over a period of six to eight weeks, with a home –based exercise program. It is unclear why MRIs of the cervical, thoracic and lumbar spine were obtained when there were no neurological, sensory or motor deficits or positive orthopedic tests documented. The documentation provided failed to show that muscle testing or computerized range of motion studies were reasonable or necessary. The records do not support their need. The D.C.'s treatment protocol was confusing. According to the documentation, it started off with active therapeutic exercises, then went to a more passive approach, and then finally started using manipulation after the other treatment did not work. As of 9/18/03, after about four months of failed treatment, the documentation shows little, if any, objective or subjective improvement. Treatment was over utilized and the records do not indicate that it was beneficial to the patient.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Daniel Y. Chin, for GP