

MDR Tracking Number: M5-04-2959-01

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 May 10, 2004.

The IRO reviewed CPT Codes 95851, 99211, 99212, 99213, 97140, 97110, 95833, 97112 and 97530 for dates of service 05/19/03 through 01/28/04 that were denied based upon "U" and "V".

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

CPT Codes 99213, 99211, 99212, 97110, 97112, 97140, and 97530 for dates of service 07/30/03 through 11/14/03 and 11/19/03 through 01/28/04 **were** found to be medically necessary. CPT Codes 95851, 97140, and 95833 for dates of service 05/19/03, 05/21/03, 11/14/03, 11/17/03, 11/18/03, 11/24/03, 11/25/03, 11/26/03, 12/01/03 and 12/02/03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the issues of medical necessity.

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 June 30, 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 97110 for dates of service 05/12/03 and 05/19/03 denied as "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. Reimbursement is not recommended.

- CPT Code 99080-73 for date of service 01/15/04 denied as “V”. The requestor has indicated on the Table of Disputed Services that the respondent has reimbursed the healthcare provider \$15.00. Per 129.5 the TWCC-73 is a required report and the Commission has jurisdiction of such matters. Per Rule 133.106(f)(1) the fair and reasonable amount for the TWCC-73 is \$15.00; therefore, additional reimbursement is not recommended.

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 in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) 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 07/30/03 through 11/14/03 and 11/19/03 through 01/28/04 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 29th day of October, 2004

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf
Enclosure: IRO decision

07/17/2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-2959-01
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 with a specialty in rehabilitation. 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

___ was injured ___ while on the job. He underwent treatment with Concentra Medical Centers and then was transferred to the care of Central Dallas Rehab. Thomas Sato, DC performed a peer review on 7/23/03 indicating that treatment through 7/23/03 was necessary. He indicates that further treatment may be necessary depending on documentation and patient response. The patient underwent manipulation under anesthesia on 11/5, 6 and 7 in 2003. The last chart notes indicate that he is undergoing a neurosurgical consultation with a Dr. Coon. Further notes beyond 1/28/04 and a FCE on 2/23/04 are not available for review.

DISPUTED SERVICES

Disputed services include: 95851- ROM test, 99211, 99212, 99213, 97140- manual therapy, 97110 therapeutic exercises, 95833 muscle test, 97112 neuromuscular re-education and 97530 therapeutic activities. These services were denied with U and V codes.

DECISION

The reviewer agrees with the previous adverse determination on the following services: 95851- (5/19/03, 5/21/03, 11/17/03, 12/02/03); 95833- (11/18/03, 12/12/03); 97140- (11/14/03, 11/24/03, 11/25/03, 11/26/03, 12/01/03, 12/02/03); 99211 (1/21/04).

The reviewer disagrees with the previous adverse determination for all remaining services.

BASIS FOR THE DECISION

The reviewer indicates the office visits were denied on 1/21/04 due to a the need for the treating doctor to follow up on the average of one time per week as the patient was being referred to other practitioners for surgical consult and rehabilitation was not being performed during that stage of care. The 11/14/03 manual therapy was not documented. Codes 95833 and 95851 were included within the office visit codes for those dates. The patient underwent an MUA procedure on November 5, 6 and 7, 2003. According to nationally accepted guidelines for MUA post treatment protocols by the NAMUAP, four weeks of post treatment active therapy is indicated. The therapeutic exercises, therapeutic activities and neuromuscular re-education are part of this accepted protocol; therefore, they are medically necessary. The insurer stated that the peer review performed by Dr. Sato indicated no treatment beyond 7/23/03 was necessary. The reviewer indicates that this did not appear to be Dr. Sato's intention.

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