

MDR Tracking Number: M5-04-3019-01

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. The dispute was received on 5-13-04.

The requestor submitted an updated table on 6-29-04.

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.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The office visits, office visits with manipulation, manual therapy technique, joint mobilization, electrical stimulation, therapeutic exercises, unlisted procedure nervous system, analyze clinical data, prolonged physician service, chiropractic manual treatment, manual therapy technique and ultrasound from 6-13-03 through 2-20-04 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues 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 6-18-04 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. There was no response from the respondent to this Notice.

According to TWCC Rule 133.304(d): If, on the 45th day after the date of receipt of a complete bill, the insurance carrier has notified a health care provider of its intent to perform an onsite audit in accordance with §133.302 of this title (relating to Preparation for an Onsite Audit), and the insurance carrier has not completed the audit in accordance with §133.303 of this title (relating to Onsite Audits), the insurance carrier shall pay no less than 50% of the maximum allowable reimbursement amounts provided by the Commission fee guidelines in effect for the dates of service being audited or 50% of the amount billed for treatment(s) and/or service(s) without an established maximum allowable reimbursement, and shall include the explanation of benefits with the payment.

According to TWCC Rule 133.304(e): Within seven days of completing an onsite audit performed in accordance with §133.303, the insurance carrier shall take final action on the bill, consistent with the results of the audit.

Several attempts were made to contact the Requestor regarding a reaudit of the items denied for “H” “Half Payment” in this dispute. The Requestor did not respond. The Insurance Carrier was then contacted regarding a reaudit of the items denied for “H” “Half Payment” in this dispute as is required by TWCC Rule 133.304(d) and (e) quoted above. The Carrier then sent computer generated EOR’s which displayed no audit date. Therefore, it is impossible to determine if these audits were made prior to MDR. These fee items will therefore be reviewed per the 96 MFG and the Medical Fee Guidelines effective August 1, 2003.

CPT code 97260 for dates of service 5-23-03, 5-28-03, 6-9-03, 6-16-03 and 6-23-03 was denied with an “H” “Half Payment”. The MAR per the 1996 Fee Guidelines is \$35.00. The Carrier has made half payments of \$87.50. **Recommend additional reimbursement per the 1996 Fee Guidelines of \$87.50 (\$17.50 x 5 DOS).**

Regarding CPT code 97260 for date of service 7-16-03: Neither the carrier nor the requestor provided EOB’s for date of service. There is no "convincing evidence of the carrier's receipt of the provider request for an EOB" according to Rule 133.307 (e)(2)(B). **No reimbursement recommended.**

CPT code 97122 on dates of service 5-23-03 and 6-9-03 was denied with an F – integral to primary process billed. Per Rule 133.304 (c) Carrier didn’t specify which service this was global to, therefore it will be reviewed according to the 96 MFG. In accordance with Rule 133.307 (g)(3) (A-F), the requestor submitted relevant information to support delivery of service and the carrier did not reimburse partial payment or give a rationale for not doing so. **Reimbursement is recommended in the amount of \$70.00 (\$35.00 x 2 DOS).**

CPT code 97265 for dates of service 5-23-03, 5-28-03, 6-16-03 and 6-23-03 was denied with an “H” “Half Payment”. The MAR per the 1996 Fee Guidelines is \$43.00. The Carrier has made half payments of \$86.00. **Recommend additional reimbursement per the 1996 Fee Guidelines of \$86.00 (\$21.50 x 4 DOS).**

CPT code 97265 on date of service 6-9-03 was denied with an F – integral to primary process billed. Per Rule 133.304 (c) Carrier didn’t specify which service this was global to, therefore it will be reviewed according to the 96 MFG. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service and the carrier did not reimburse partial payment or give a rationale for not doing so. **Reimbursement is recommended in the amount of \$21.50.**

**CPT code 64999-22 for date of service 5-23-03 was denied with an F – integral to primary process billed. Per Rule 133.304 (c) Carrier didn’t specify which service this was global to, therefore it will be reviewed according to the 96 MFG. In accordance with Rule 133.307(g)(3)(A-F), the requestor submitted relevant information to support delivery of service and the carrier did not reimburse partial payment or give a rationale for not doing so. Reimbursement is recommended in the amount of \$250.00.**

CPT code 64999-22 for date of service 5-28-03, 5-30-03, 6-16-03 and 6-23-03 was denied with an F – “submitted documentation indicates that the listed service does not meet the criteria identified in the fee guideline ground rules and/or code description for reimbursement.” The requestor submitted minimal information regarding this DOP service. Reimbursement is not recommended.

CPT code 97122 for dates of service 5-28-03, 6-16-03 and 6-23-03 was denied with an “H” “Half Payment”. The MAR per the 1996 Fee Guidelines is \$35.00. The Carrier has made half payments of \$52.50. **Recommend additional reimbursement per the 1996 Fee Guidelines of \$52.50 (\$17.50 x 3 DOS).**

. CPT code 64999-22 for date of service 6-9-03 was denied with an “N” Not appropriately documented. A review of the file reveals that Requestor submitted S.O.A.P. Notes to further document the necessity for this service. **Reimbursement is recommended in the amount of \$250.00.**

CPT code 97110 for dates of service 5-23-03 and 6-9-03 was denied with an 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. **No additional reimbursement is recommended.**

CPT code 97110 for dates of service 5-28-03, 6-16-03 and 6-23-03 was denied with an “H” - “Half Payment”. 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. **No additional reimbursement is recommended.**

HCPS code A4556 for date of service 6-16-03 was denied with an “H” “Half Payment”. The DOP is \$64.00. The Carrier has made a half payment of \$32.00. **Recommend additional reimbursement of \$32.00.**

CPT code 97014 for date of service 6-23-03 was denied with an “H” “Half Payment”. The MAR per the 1996 Fee Guidelines is \$15.00. The Carrier has made a half payment of \$7.50. **Recommend additional reimbursement per the 1996 Fee Guidelines of \$7.50.**

Regarding CPT code 99214 for date of service 7-10-03: Neither the carrier nor the requestor provided EOB's for date of service. There is no "convincing evidence of the carrier's receipt of the provider request for an EOB" according to Rule 133.307 (e)(2)(B). **No reimbursement recommended.**

Regarding CPT code 97122 for date of service 7-16-03: Neither the carrier nor the requestor provided EOB's for date of service. There is no "convincing evidence of the carrier's receipt of the provider request for an EOB" according to Rule 133.307 (e)(2)(B). **No reimbursement recommended.**

Regarding CPT code 97265 for date of service 7-16-03: Neither the carrier nor the requestor provided EOB's for date of service. There is no "convincing evidence of the carrier's receipt of the provider request for an EOB" according to Rule 133.307 (e)(2)(B). **No reimbursement recommended.**

Regarding CPT code 97014 for date of service 7-16-03: Neither the carrier nor the requestor provided EOB's for date of service. There is no "convincing evidence of the carrier's receipt of the provider request for an EOB" according to Rule 133.307 (e)(2)(B). **No reimbursement recommended.**

Regarding CPT code 97110 for date of service 7-29-03: Neither the carrier nor the requestor provided EOB's for date of service. There is no "convincing evidence of the carrier's receipt of the provider request for an EOB" according to Rule 133.307 (e)(2)(B). **No reimbursement recommended.**

Regarding CPT code 64999-22 for dates of service 7-16-03 and 7-29-03: Neither the carrier nor the requestor provided EOB's for date of service. There is no "convincing evidence of the carrier's receipt of the provider request for an EOB" according to Rule 133.307 (e)(2)(B). **No reimbursement recommended.**

The carrier denied CPT Code 99080-73 on 8-6-03 and 9-17-03 with a V for unnecessary medical treatment based on a peer review, however, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. Requester submitted relevant information to support delivery of service. **Per Rule 129.5 recommend reimbursement of \$30.00. \$15.00 x 2 DOS)**

Regarding CPT Code 99080 on 2-4-04. Neither the carrier nor the requestor provided EOB's for date of service. There is no "convincing evidence of the carrier's receipt of the provider request for an EOB" according to Rule 133.307 (e)(2)(B). **No reimbursement recommended.**

Regarding CPT code 97140-59 for date of service 1-8-04: There is no denial code on the EOB. Per Rule 134.202(d), reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider's usual and customary charge). **The MAR is \$68.10. The Requestor billed \$65.10. Recommend reimbursement of \$65.10.**

Regarding CPT code 99214-25 for date of service 1-15-04: The carrier denied this service with an F- integral to primary process billed. Per Rule 133.304 (c) Carrier didn't specify which

service this was global to, therefore it will be reviewed according to the Medicare Fee Schedule. Per Rule 134.202(d), reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider's usual and customary charge). **Recommend reimbursement of \$98.10.**

Regarding CPT code 97140-59 for date of service 1-15-04: The carrier denied this service with an F- integral to primary process billed. Per Rule 133.304 (c) Carrier didn't specify which service this was global to, therefore it will be reviewed according to the Medicare Fee Schedule. **Recommend reimbursement of \$65.10.**

This Finding and Decision is hereby issued this   25th   day of January, 2005.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

Pursuant to 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) 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 Decision is applicable for dates of service 5-23-03 through 2-20-04 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   25th   day of   January  , 2005.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL:da  
Enclosure: IRO decision

August 2, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION  
Amended Letter**

**RE: MDR Tracking #: M5-04-3019-01  
TWCC #:  
Injured Employee:  
Requestor:  
Respondent:  
----- Case #:**

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ----- IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ----- external review panel who is familiar with the with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ----- chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, the ----- chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

#### Clinical History

This case concerns a 27 year-old female who sustained a work related injury on ----- . The patient reported that while at work she sustained a repetitive motion injury to her right hand and wrist. The patient underwent a MRI of the right wrist on 12/9/02 and a nerve conduction velocity study of the right upper extremity on 12/30/02. Initially the patient had been treated with conservative care and injections. On 10/3/03 the patient underwent a right carpal tunnel release, tenosynovectomy of flexor digitorum profundus and flexor digitorum superficialis tendon, Marcaine injection and application of a short arm splint for the diagnoses of carpal tunnel syndrome of the right wrist. Postoperatively the patient was treated with physical and occupational therapy. The patient reported an exacerbation to her condition in 12/03 and was prescribed further occupational/physical therapy.

#### Requested Services

MP, manual traction, office visit, manual therapy technique, joint mobilization, electrical stimulation unattended, therapeutic exercises, unlisted procedure-nervous system, analyze clinical data, prolonged physician service, and chiropractic manual treatment from 6/13/03 through 2/20/04.

#### Documents and/or information used by the reviewer to reach a decision:

##### *Documents Submitted by Requestor:*

1. Return Patient Visit 12/03/03 and 1/14/04
2. Operative Report 10/3/03
3. Initial Outpatient Consultation 7/8/03
4. Office note 4/14/03
5. MRI report 12/9/02
6. Nerve conduction study report 12/30/02
7. SOAP Notes 11/14/02 – 5/12/04

*Documents Submitted by Respondent:*

1. Case Review 5/31/03
2. Chiropractic Advisor Review 5/28/03
3. SOAP Notes 5/23/03 – 2/3/04

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ----- chiropractor reviewer noted that this case concerns a 27 year-old female who sustained a work related injury to her right hand and wrist on -----. The ----- chiropractor reviewer also noted that the diagnoses for this patient have included right carpal tunnel syndrome. The ----- chiropractor reviewer further noted that the patient had undergone right carpal tunnel release on 10/3/03 and that previous to surgery the patient had been treated with conservative care. The ----- chiropractor reviewer explained that carpal tunnel syndrome is a difficult condition to treat. The ----- chiropractor reviewer also explained that although this patient failed to respond favorably to treatment before surgery, treatment was medically necessary. The ----- chiropractor reviewer further explained that the patient did respond well to postoperative therapy. Therefore, the ----- chiropractor consultant concluded that the MP, manual traction, office visit, manual therapy technique, joint mobilization, electrical stimulation unattended, therapeutic exercises, unlisted procedure-nervous system, analyze clinical data, prolonged physician service, and chiropractic manual treatment from 6/13/03 through 2/20/04 were medically necessary to treat this patient's condition.

Sincerely,

State Appeals Department