

MDR Tracking Number: M5-04-3024-01

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 12, 2004.

The IRO reviewed CPT Codes 99213-MP, 97014, 97110, 97150, 99071, 99078, 97250, 97540, 95851, 99090, 99214, 73560, 99371, 97265 and HCPCS Codes E0745, E1399-massager, and E1399, knee brace for dates of service 05/12/03 through 08/04/03 that were denied based upon "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.

All services provided prior to 06/02/03 **were** found to be medically necessary. All services from 06/02/03 through 08/04/003 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for CPT Codes 99213-MP, 97014, 97110, 97150, 99071, 99078, 97250, 97540, 95851, 99090, 99214, 73560, 99371, 97265 and HCPCS Codes E0745, E1399-massager, and E1399, knee brace.

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 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.

- HCPCS Code A4595 for dates of service 05/12/03, 05/31/03 and 06/30/03. EOBs were not submitted by either party. Review of the submitted pertinent information reveals these are TENS units supplies. Per the 1996 Medical Fee Guideline, DME Ground Rule (X)(C) all TENS supplies shall be billed using HCPCS code E1399. Reimbursement is not recommended.

- CPT Code 99213-MP for date of service 05/17/03. An EOB was not submitted by either party. Per Rule 133.307(e)(2)(A) the requestor did not submit a HCFA-1500 as originally submitted to the carrier for reconsideration in accordance with Rule 133.304. MDR can not determine if this service was rendered as billed. Reimbursement is not recommended.
- CPT Code 99080-73 for date of service 06/17/03 denied as “V”. Per Rule 129.5 the TWCC-73 is a required report; therefore, MDR has jurisdiction in these matters. Per Rule 133.106(f)(1) reimbursement in the amount of \$15.00 is 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 05/12/03 through 06/30/03 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 Decision and Order is hereby issued this 1st day of November, 2004

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf
Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS
[IRO #5259]
3402 Vanshire Drive Austin, Texas 78738
Phone: 512-402-1400 FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISION II - 8/26/04

TWCC Case Number:	
MDR Tracking Number:	M5-04-3024-01
Name of Patient:	
Name of URA/Payer:	Allendale Bone & Joint
Name of Provider: (ER, Hospital, or Other Facility)	Allendale Bone & Joint
Name of Physician: (Treating or Requesting)	Barbara Nedry, DC

July 27, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Rosalinda Lopez, Texas Workers Compensation Commission

CLINICAL HISTORY

Available information suggests that this patient reports experiencing left knee injury that occurred while at work on _____. The patient appears to have presented to a Venket Draksharam, DC, for X-rays on 04/01/03 suggesting degenerative changes, subluxation and left knee swelling. MRI on 04/22/03 suggests mild joint contusion, degenerative changes and chondromalacia. No gross instability or surgical conditions are noted. Chiropractic reports submitted by Barbara Nedry, DC, suggest that the patient began conservative care with her for left knee segmental dysfunction and lumbar radiculitis on 04/01/03 consisting of multiple passive modalities, therapeutic procedures, exercises and gait training. No specific frequency or duration of care is noted in initial reporting. The patient is referred for pain management with Omar Videll, MD, on 04/22/03 and is given pain medications with instructions to continue active therapy. Designated doctor examination is performed 05/06/03 by a Sonal Dolakia, MD, suggesting that the patient has not achieved MMI, and should have an orthopedic referral to determine if arthroscopy or ESI injections are indicated. The patient is referred for orthopedic assessment with a Mark Maffet, MD, who diagnoses the patient with IT-band tendonitis. Continued ice, stretching and strengthening are recommended.

REQUESTED SERVICE(S)

Determine medical necessity for office visits with manipulation (99213-MP), unattended electric stimulation (97014), therapeutic exercise (97110), group therapy (97150), educational supply (99071), physician education services (99078), neuromuscular stimulator (E0745), massager (E1399), knee brace (E1399), myofascial release (97250), ADL training (97540), ROM testing (95851), computer data analysis (99090) office visit (99214), x-ray of the knee (73560), phy. Phone consult (99371), and joint mobilization (97265) for period in dispute 05/12/03 through 08/04/03.

DECISION

All services provided prior to 6/2/03 do appear to be reasonably supported as medically necessary. All services from 6/2/03 – 8/4/03 are denied.

RATIONALE/BASIS FOR DECISION

Ongoing therapeutic modalities of this nature suggest little potential for further restoration of function or resolution of symptoms, with no curative potential. With available documentation suggesting pre-existing degenerative conditions, and obesity, it would appear that

ongoing chiropractic treatment beyond 06/01/03 **would not be medically necessary** for compensable injury of ____.

Conservative care does appear reasonably appropriate for a period not exceeding 8 weeks duration, regarding these compensable injuries. However, services performed within this initial 8 weeks such as 99213-MP (physician evaluation and management w/ manipulation) and 97265 (mobilization) do appear to be a duplication of same or similar service. When manipulation and mobilization are performed, particularly with extremities such as the knee, mobilization is a requisite component of the manipulation. Therefore, mobilization would be a duplication of service, and would not be reasonably billed as a separate procedure. Medical necessity for E0745 (neuromuscular stimulator) has not been reasonably supported by available documentation. Medical necessity for this device is not supported by documentation and /or available literature. This would also include E1851, 99090 and 99371 services. All additional services provided prior to 06/02/03, do appear to be reasonably supported as medically indicated.

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Hurwitz EL, et al. The effectiveness of physical modalities among patients with low back pain randomized to chiropractic care: Findings from the UCLA Low Back Pain Study. *J Manipulative Physiol Ther* 2002; 25(1):10-20.
3. Bigos S., et. al., AHCPR, Clinical Practice Guideline, Publication No. 95-0643, Public Health Service, December 1994.
4. Harris GR, Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" [Journal of Family Practice](#), Dec, 2002.
5. Morton JE. Manipulation in the treatment of acute low back pain. *J Man Manip Ther* 1999; 7(4):182-189.
6. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional

service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.