

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 5-17-04.

In accordance with Rule 133.308 (e), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 5-17-04, therefore the following dates of service are not timely and are not eligible for this review: 12-18-02 through 5-16-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that office visits, mechanical traction, electrical stimulation-attended, therapeutic exercises, therapeutic activities, manual traction, DME cervical pillow, myofascial release, training of activity of daily living, supplies-materials, electric current therapy and manual therapy techniques for 5-19-03 through 2-10-04 were not medically necessary. Therefore, the requestor is not entitled to a reimbursement of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees 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 8-4-04, 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.

CPT Code 95900 for date of service 6-3-03 was denied with an A denial code. This service does not require preauthorization. The respondent did not provide convincing evidence that these tests were repeat tests per the Medicine Ground Rules IV Nerve Studies. Reconsideration HCFAs and fax transmission documents reflected proof of billing in accordance with Rule 133.308 (f)(3). In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. The disputed service will be reviewed according to the fee guidelines. **Recommend reimbursement of \$512.00.**

CPT Code 95904 for date of service 6-3-03 was denied with an A denial code. This service does not require preauthorization. The respondent did not provide convincing

evidence that these were repeat tests per the Medicine Ground Rules IV. Nerve Studies. Reconsideration HCFAs and fax transmission documents reflected proof of billing in accordance with Rule 133.308 (f)(3). In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. The disputed service will be reviewed according to the fee guidelines. **Recommend reimbursement of \$256.00.**

CPT Code 95935 for date of service 6-3-03 was denied with an A denial code. This service does not require preauthorization. The respondent did not provide convincing evidence that these were repeat tests per the Medicine Ground Rules IV. Nerve Studies. Reconsideration HCFAs and fax transmission documents reflected proof of billing in accordance with Rule 133.308 (f)(3). In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. The disputed service will be reviewed according to the fee guidelines. **Recommend reimbursement of \$318.00.**

The second CPT Code 95900 for date of service 6-3-03 was denied with an A denial code. Reconsideration HCFA was not provided in accordance with Rule 133.308 (f)(3). **Recommend no reimbursement.**

CPT Code 95925 for date of service 6-3-03 was denied with an A denial code. This service does not require preauthorization. The respondent did not provide convincing evidence that these were repeat tests per the Medicine Ground Rules IV. Nerve Studies. Reconsideration HCFAs and fax transmission documents reflected proof of billing in accordance with Rule 133.308 (f)(3). In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. The disputed service will be reviewed according to the fee guidelines. **Recommend reimbursement of \$700.00.**

CPT Code 99213 for 6-19-03, 8-6-03, 8-25-03, 9-15-03, 4-15-04, 4-28-04 was either denied with an F denial code or no EOB was provided by either the requester or the respondent. Review of the reconsideration HCFAs and fax transmission documents reflected proof of billing in accordance with Rule 133.308 (f)(3). In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. The disputed service will be reviewed according to the fee guidelines. **Reimbursement is recommended in the amount of \$298.28.**

CPT Code 97012 for 6-19-03, 8-20-03, 8-25-03, 9-15-03, 4-28-04 was either denied with an F denial code or no EOB was provided by either the requester or the respondent. Review of the reconsideration HCFAs and fax transmission documents reflected proof of billing in accordance with Rule 133.308 (f)(3). In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. The disputed service will be reviewed according to the fee guidelines. **Reimbursement is recommended in the amount of \$90.47.**

CPT Code 97032 for 6-19-03, 8-20-03, 8-25-03, 8-29-03, 9-5-03, 9-15-03, 4-15-04, was denied with an F denial code. Review of the reconsideration HCFAs and fax transmission documents reflected proof of billing in accordance with Rule 133.308 (f)(3). The disputed service will be reviewed according to the fee guidelines. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. **Reimbursement is recommended in the amount of \$131.71.**

CPT Code 97110 for 6-19-03, 8-20-03, 8-25-03, and 8-29-03 was denied by the insurance carrier. 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.**

CPT Code 99213 for date of service 8-22-03, 10-6-03 was denied with an "N" (not appropriately documented) denial code. Review of the file reveals that no further documents regarding this date of service were provided. **Reimbursement not recommended.**

CPT Code 98941 for date of service 4-15-04: No EOB was provided by either the requester or the respondent. Review of the reconsideration HCFAs and fax transmission documents reflected proof of billing in accordance with Rule 133.308 (f)(3). In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. The disputed service will be reviewed according to the fee guidelines. **Recommend reimbursement of \$43.64.**

CPT Code 97032 for date of service 8-22-03, 10-6-03 was denied with an "N" (not appropriately documented) denial code. Review of the file reveals that no further documents regarding this date of service were provided. **Reimbursement not recommended.**

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees for dates of service 6-3-03 through 4-28-04 as outlined above :

- 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) and 134.202(c)(6);

- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

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 Finding and Decision and Order is hereby issued this 3rd day of November, 2004.

Donna Auby
 Medical Dispute Resolution Officer
 Medical Review Division

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

REVISED 11/2/04

TWCC Case Number:	
MDR Tracking Number:	M5-04-3060-01
Name of Patient:	
Name of URA/Payer:	Don A. Slayer, DC
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Don A. Slayer, DC

August 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

List of Items Submitted for Review:

1. Notification of IRO Assignment, Table of Disputed Services, Carrier EOBs
2. 3-page correspondence from Capital Chiropractic Center signed by Don A. Salyer, D.C., dated 08/12/04 enumerating alleged TWCC carrier violations referable to the injured employee, a reiteration of medical necessity as defined by Texas Labor Code 408.021, followed by a general position statement regarding the medical necessity of their care.

Brief Clinical History: Unknown – no data available.

REQUESTED SERVICE(S)

Office visits (99213), mechanical traction (97012), electrical stimulation, attended (97032), therapeutic exercises (97110), therapeutic activities (97530), manual traction (97122), DME cervical pillow (E0943), myofascial release (97250), training of activity of daily

living (97540), supplies/materials (99070), electric current therapy (97033), and manual therapy techniques (97140) for dates of service 05/19/03 through 02/10/04, *with the exception* of items only in fee dispute.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

In this case, it is impossible to determine the medical necessity for the care rendered as absolutely no clinical documentation was submitted for review, from either the carrier or the treating doctor.

In their 3-page letter, the treating doctor asserts that "*relief of pain* – one of the effects naturally resulting from work-related injuries – is sufficient, by itself, to support a finding of medical necessity under Texas Workers' Compensation law. This is clearly documented in our SOAP notes with incoming and out going pain scale." However, as no copies of daily SOAP notes, examinations, reexaminations, or diagnostic studies were provided for review – not even a history was conveyed – this claim was unsupported, and accordingly, the medical necessity of the services in dispute were not supported.