

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 5-27-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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

The therapeutic exercise and neuromuscular re-education from 2-17-04 through 2-25-04 **were found** to be medically necessary. The office visits and therapeutic activities from 2-17-04 through 2-25-04 **were not 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 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 August 13, 2004, the Medical Review Division submitted a Notice to the 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 99212 was denied for G. According to Rule 133.304 (c) the Carrier didn't specify to which service this was global, therefore it will be reviewed according to the Medicare Fee Schedule. **Recommend reimbursement of \$35.00.**
- **Review of the requester's and respondent's documentation revealed that neither party submitted copies of EOB's for CPT Codes 99212 and 97530 on date of service 3-3-04. Review of the recon HCFA reflected proof of submission. Therefore, the disputed service or services will be reviewed according to the Medicare Fee guidelines. Recommend reimbursement of \$35 for CPT Code 99212, and \$34.65 for CPT Code 97530. This is a total of \$69.65.**

- **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. Additional reimbursement not recommended. No reimbursement is ordered for CPT code 97110 on 3-3-04.**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees; in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (b); 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 2-17-04 through 3-3-04 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 1st day of October, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division
DA/da

September 7, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-3268-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: 5055

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: correspondence, office notes, therapeutic procedures and radiology reports.

Information provided by Respondent: correspondence.

Information provided by Treating Doctor: office notes.

Information provided by Orthopedic Surgeon: office notes.

Clinical History:

The claimant is a 31-year-old female who was involved in a work-related accident on ___. She initially presented to the emergency room the following day and was subsequently released. The claimant consulted a chiropractor who implemented conservative chiropractic therapeutics and referred the claimant for MR imaging of the lumbar spine on 11/07/03. MR imaging of the lumbar spine performed on 11/07/03 revealed L4/L5 focal sub-ligamentous disc herniation that indented the thecal sac on the ventral surface with mild bilateral encroachment and L5/S1 disc desiccation with annular disc bulge and facet joint arthrosis noted with bilateral foraminal narrowing. The worker consulted an orthopedic surgeon on 11/21/03 who advised that a progressive rehabilitation approach be implemented, and the claimant was advised to lose a significant amount of weight before any possible surgical applications. The claimant consulted a different chiropractor on 02/17/04 through 02/25/04 for the implementation of stretching/exercise regimen.

Disputed Services:

Office visits, therapeutic exercises, therapeutic activities and neuromuscular re-education during the period of 02/17/04 through 02/25/04.

Decision:

The reviewer partially disagrees with the determination of the insurance carrier and is of the opinion that the therapeutic exercise and neuromuscular re-education in dispute during the period stated were medically necessary. The office visits and therapeutic activities during the period in dispute were not medically necessary in this case.

Rationale:

The provider has not established a medical need for office visits or the implementation of therapeutic activities coupled with sessions of therapeutic exercise and neuromuscular re-education in the management of this claimant's condition from 02/17/04 through 02/25/04. The medical record reviewed does not establish a need for therapeutic activities in the management of this claimant's condition and the service is not officially documented in the reviewed data. The claimant is a candidate for a 4-session trial of aggressive rehabilitation applications (therapeutic exercises and neuromuscular re-education) as recommended by the orthopedic surgeon in his 11/21/03 evaluation of this claimant.

A patient-specific/physician-specific rehabilitation program that is based on home applications is appropriate in the management of this claimant's condition. Continued implementation of manipulation and passive therapeutics has no place in the management of this claimant.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer reviewed references.

- Carpenter, D. M., et al. Low Back Strengthening For The Prevention And Treatment Of Low Back Pain. *Med Sci Sports Exerc.* 1999 Jan;31(1):18-24.
- Jousset, M. Effects Of Functional Restoration Versus Three Hours Per Week Physical Therapy: A Randomized Controlled Study. *Spine.* 2004 Mar 1;29(5):487-93; Discussion 494.
- Overview of Implementation of Outcome Assessment Case Management In The Clinical Practice. *Washington State Chiropractic Association;* 2001, 54p.
- Trionovich, S. J. et al. Structural Rehabilitation Of The Spine And Posture: Rationale For Treatment Beyond Resolution Of Symptoms. *J Manipulative Physiol Ther.* 1999 Jan;21(1):375-50.