

MDR Tracking Number: M5-04-3787-01

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, 133.307 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 07-02-04.

The IRO reviewed work hardening (initial), work hardening (additional hour) office visits, FCE, hot/cold pack therapy, therapeutic exercises, manual therapy techniques and electrical stimulation rendered from 09-02-03 through 10-23-03 that were denied based upon "V".

The IRO reviewer determined that office visits, FCE's, therapeutic exercises, electrical stimulation and hot/cold packs **were** medically necessary. The IRO reviewer further determined that the work hardening and manual therapy techniques **were not** medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

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

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. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 07-29-04, 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.

Review of CPT code 97530 (2 units) date of service 07-21-03 revealed neither the respondent nor requestor submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of the reconsideration request via a U.S. Postal Service Delivery Confirmation Receipt posted date 05-25-04. Reimbursement is recommended per the 96 Medical Fee Guideline MEDICINE GR I (11)(b) in the amount of \$70.00 (\$35.00 X 2 units).

Review of CPT code 97250 date of service 07-21-03 revealed neither the respondent nor requestor submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor

submitted proof of resubmission or convincing evidence of carrier receipt of the reconsideration request via a U.S. Postal Service Delivery Confirmation Receipt posted date 05-25-04. Reimbursement is recommended per the 96 Medical Fee Guideline MEDICINE GR I (9)(c) in the amount of \$43.00.

Review of CPT code 97110 date of service 07-21-03 revealed neither the respondent nor requestor submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of the reconsideration request via a U.S. Postal Service Delivery Confirmation Receipt posted date 05-25-04. Recent review of disputes involving CPT code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings 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 (MRD) has reviewed the matters in light of the Commission requirements for proper documentation. The MRD declines to order payment for code 97110 because the daily notes did not clearly delineate the severity of the injury that would warrant exclusive one-to-one treatment.

Review of CPT code 97032 (2 units) date of service 07-21-03 revealed neither the respondent nor requestor submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of the reconsideration request via a U.S. Postal Service Delivery Confirmation Receipt posted date 05-25-04. Reimbursement is recommended per the 96 Medical Fee Guideline MEDICINE GR I (9)(a)(iii) in the amount of \$44.00 (\$22.00 X 2 units).

Review of CPT code 97010 dates of service 07-21-03 and 07-22-03 revealed neither the respondent nor requestor submitted copies of the EOBs. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of the reconsideration request via a U.S. Postal Service Delivery Confirmation Receipt posted date 05-25-04. Reimbursement is recommended per the 96 Medical Fee Guideline MEDICINE GR I (9)(1)(ii) in the amount of \$22.00 (\$11.00 X 2 DOS).

CPT code 95851 (3 units) date of service 07-21-03 denied with denial code “F”(Fee Guideline MAR reduction). Reimbursement is recommended per the 96 Medical Fee Guideline GENERAL INSTRUCTIONS GR I (D) in the amount of \$72.00 (\$36.00 MAR X 3 units = \$108.00 minus payment of \$36.00 made by carrier).

CPT code 97032 (2 units) date of service 07-23-03 denied with denial code “F”(Fee Guideline MAR reduction). Reimbursement is recommended per the 96 Medical Fee Guideline MEDICINE GR I (9)(a)(iii) in the amount of \$44.00 (\$22.00 X 2 units).

CPT code 97750-MT date of service 07-29-03 denied with denial code “F”(Fee Guideline MAR reduction). Reimbursement is recommended per the 96 Medical Fee Guideline MEDICINE GR I (E)(3) in the amount of \$43.00

CPT code G0283 (6 units total) dates of service 08-04-03, 08-05-03 and 08-07-03 denied with denial code “K” (not appropriate healthcare provider). Reimbursement is recommended per Rule 134.202(c) in accordance with the Medicare program reimbursement methodologies in the amount of \$89.46 ($\$11.93 \times 125\% = \14.91×6 units).

CPT code 99090 date of service 08-04-03 denied with denial code “N” (Not Documented). The requestor submitted information to meet documentation criteria. Reimbursement in the amount of \$114.00 is recommended.

CPT code 97530 (4 units) dates of service 08-04-03 and 08-05-03 denied with denial code “F” (fee guideline reduction). Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$131.84 ($\$26.37 \times 125\% = \32.96×4 units).

CPT code 97010 dates of service 08-04-03 and 08-05-03 denied with denial code “F” (fee guideline reduction). In accordance with the 2002 Medical Fee Guideline hot/cold pack application is a bundled code and considered an integral part of a therapeutic procedure. Payment is included in the allowance for another therapy service/procedure. No reimbursement is recommended.

Review of CPT code 95851 (3 units) date of service 08-04-03 revealed neither the respondent nor requestor submitted a copy of the EOB. Per Rule 133.308(f)(2)(3) the requestor submitted proof of resubmission or convincing evidence of carrier receipt of the reconsideration request via a U.S. Postal Service Delivery Confirmation Receipt posted date 05-25-04. Reimbursement is recommended per the Medical Fee Guideline effective 08-01-03 in the amount of \$91.83 ($\$24.49 \times 125\% = \30.61×3 units).

ORDER

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 the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) and in accordance with Medicare program reimbursement methodologies effective 08-01-03 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 07-21-03 through 10-13-03 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 Findings and Decision and Order are hereby issued this 1st day of November 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

October 5, 2004
Amended October 13, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-3787-01
IRO #: 5251

Ziroc 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 Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc 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 Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Records presented include office notes for the duration of care from Alpine Healthcare, peer review from Corvel, peer review of Dr. A, MD, multiple FCE's and requestor's position statements.

CLINICAL HISTORY

This patient was injured on his job when he fell off of a bucket and injured his shoulder and elbow. He was initially treated at Concentra with physical medicine. He eventually sought care from Alpine Healthcare and was treated from July 11th through October of 2003. Treatment consisted of active care as well as a work hardening program. Records indicate that the patient was evaluated with multiple FCE's. MRI of the cervical spine indicated that there was a disc protrusion at C3-4 and C4-5 with some canal stenosis at C5-6. MRI of the right shoulder indicated a full thickness tear of the supraspinatous muscle.

DISPUTED SERVICES

The carrier has denied the medical necessity of Work Hardening (initial), Word Hardening (additional hour), Office visits, FCE, hot/cold packs, therapeutic exercises, manual therapy techniques, and electrical stimulation from September 2, 2003 through October 23, 2003.

DECISION

The reviewer finds that there is documentation to support office visits, FCE's, therapeutic exercises, electrical stimulation and hot/cold packs.

The reviewer agrees with the prior adverse determination for work hardening and manual therapy techniques.

BASIS FOR THE DECISION

The work hardening was not documented. Specifically, no work hardening notes that indicated a full multidisciplinary program along with an intense setting to include work simulation were presented. The documentation must indicate that such work was performed to meet the qualifications of work hardening. There is also insufficient evidence to warrant the use of manual therapy techniques, as manipulative therapy is included in the basic office visit.

The remainder of the care was well documented by the treating provider. The notes indicated that the patient made good progress during his treatment plan period and that he was being treated efficiently enough by the treating doctor. The recovery for the patient was slow, but it was clearly within a reasonable timeframe for a patient who had multiple disc herniations and a torn rotator cuff. The reviewer finds that the care is reasonable in this case, not to include work hardening and manual therapy.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,