

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 July 14, 2004.

The IRO reviewed hot/cold packs, therapeutic exercises, massage, office visits, electrical stimulation, unattended, unusual travel, manual therapy technique, electrical stimulation for dates of service 08/06/03 through 10/03/03 that were denied based upon "U".

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.

The therapeutic activities for dates of service 08/06/03 through 10/03/03 **were** found to be medically necessary. All other services for dates of service 07/23/03 through 10/03/03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for hot/cold packs, therapeutic exercises, massage, office visits, electrical stimulation, unattended, unusual travel, manual therapy technique, electrical stimulation.

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 August 9, 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.

- CPT Code 97010 for dates of service 07/24/03 and 07/29/03 denied as "F". Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(10)(a) SOAP notes support services were rendered as billed. Reimbursement in the amount of \$22.00 (\$11.00 x 2) is recommended.
- CPT Code 97032 (4 units total) for dates of service 07/24/03 and 07/29/03 denied as "F". Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(10)(a) SOAP notes support services were rendered as billed. Reimbursement in the amount of \$88.00 (\$22.00 x 4) is recommended.
- CPT Code 97010 for date of service 08/04/03 denied as "NC – This service is either not covered or the service is not recognized as a valid service". This CPT code is a bundled service code and considered an integral part of a therapeutic

procedure(s). Therefore, per the 2002 Medical Fee Guideline, reimbursement is not recommended.

- CPT Code 99213 for date of service 08/04/03 denied as “N” and “MU – Physical medicine and rehabilitation services may not be reported in conjunction with an evaluation and management code performed on the same day”. Per the Medicare Correct Coding Initiative and the 2003 Ingenix Encoder. Pro the billed office visit is not considered global to the physical medicine codes billed on the same day. Reimbursement in the amount of \$59.00 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 outlined above as follows:

- 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 Order is applicable to dates of service 07/24/03 through 10/03/03 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 10th day of November, 2004

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf

Enclosure: IRO decision

September 10, 2004
Amended November 1, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-3909-01
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 chiropractor. 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

Available documentation received and included for review consists of office notes from Alex Rivera, DC for the dates in dispute.

CLINICAL HISTORY

____, a 51 year old Hispanic female, slipped and fell while at work in a food processing plant on ____, injuring her low back. No information is available with respect to initial treatment course, diagnostics, etc. The first available treatment note is dated 7/23/03, notes continue until 10/3/03. These notes indicate an initial consult date of 6/18/03. Diagnosis includes disc disorder, lumbar region; lumbago; lumbar segmental dysfunction.

DISPUTED SERVICES

Under dispute is the medical necessity of hot/cold packs, therapeutic exercises, massage, electrical stimulation (unattended), unusual travel, manual therapy, electrical muscle stimulation and office visits from 7/23/03 through 10/3/03.

DECISION

The reviewer disagrees with the prior adverse determination for therapeutic activities for all dates of service in question.

The reviewer agrees with the prior adverse determination for all other services.

BASIS FOR THE DECISION

The standard of medical necessity in worker's comp, according to the Texas Labor Code 408.021 is that an employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to healthcare that (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment.

The documentation fails to identify any requirements for continued care in order to satisfy any of the above mandates for medical necessity. The patient is now two—three months post injury, all documentation and seems indicates a fairly uncomplicated sprain/strain to the lumbar spine.

No progression / response / deviation to the program is indicated by the documentation to support continuing care: The records all appear to be of the computerized, "canned" variety. They are repetitious, contain minimally clinically useful information and do not show significant progress / substantive change in treatment. Unfortunately this provides precious little clinical insight as to the patient's status, progression or improvement/response to care. As of 8/6/03, the patient is at a point some eight weeks into therapy. Without any indication or justification for continuing such an unchanging course of care for nonspecific low back pain diagnosis, the medical necessity for continuing services rendered has not been established by the documentation.

Concerning code 99213: The patient was essentially on a focused rehabilitation / strengthening program with adjunctive manual / passive therapies for the lower back, which for all intents and purposes was progressing on an undeviating course. There was no evidence in the documentation suggesting the requirement for additional office visits beyond a basic monitoring every two weeks or so. The case makeup and records do not establish the necessity of ongoing service levels of a 99213 complexity at each encounter.

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,
Nan Cunningham
President/CEO

CC: Ziroc Medical Director