

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 19, 2004.

The IRO reviewed office visits, 99213; manual therapy, 97140; therapeutic exercises, 97110, electrical stimulation, 97032; and muscle testing, 95831 for dates of service 08/14/03 through 01/02/04 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 office visits (99213) for dates of service 11/04/03, 12/04/03 and 12/10/03 and therapeutic exercises (97110), three (3) units for each date of service during the period of 10/03/03 through 12/10/03 **were** found to be medically necessary. All treatment and services in dispute rendered from 08/14/03 through 09/12/03, all office visits other than those stated above, electrical stimulation (97032), muscle testing (95851) and manual therapy (97140) **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for services denied as not medically necessary.

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 11, 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 99213 (17 total office visits) for dates of service 08/14/03 through 10/22/03 denied as "N, MU – Physical medicine and rehabilitation services may not be reported in conjunction with an evaluation and management code performed on the same day". The Medicare National Correct Coding Initiative Edits lists the office visits as global to the physical medicine services performed on the same day. Per Rule 134.202(b) reimbursement is not recommended.

- CPT Code 97110 for dates of service 08/14/03 and 08/18/03 denied as “F”. 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.
- CPT Code 97140 (3) for date of service 08/18/03 denied as “F”. According to the Medicare Fee Schedule manual therapy shall be reimbursement at \$32.55 per unit ( $\$26.04 \times 125\% \times 3 = \$97.65$ ); however, health care provider disputed \$30.25 per unit. Therefore, per Rule 134.202(b) and (c)(1) reimbursement in the amount of \$90.75 is recommended.
- 99080-73 for date of service 01/28/04 denied as “N”. Per Rule 129.5 the Work Status report was not submitted; therefore, MDR is unable to confirm service was rendered as billed. Reimbursement is not 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 08/08/04, 10/03/03 through 12/10/03 and 01/28/04 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 Order is hereby issued this 22<sup>nd</sup> day of October, 2004

Marguerite Foster  
 Medical Dispute Resolution Officer  
 Medical Review Division

MF/mf

Enclosure: IRO decision

October 13, 2004

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

**REVISED REPORT**  
**Delete reference to 10/03 in "Decision" section.**

Re: Medical Dispute Resolution  
MDR #: M5-04-3945-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.:

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 and office notes, therapeutic procedures, muscle testing report and radiology reports.  
Information provided by Orthopedic Surgeon: office notes.

**Clinical History:**

This claimant injured his right knee while working on \_\_\_. On August 12, 2003 he presented himself to a chiropractor and was examined and diagnosed with unspecified internal derangement of the knee and derangement of lateral meniscus. Upon completion of the examination, an M.R.I. of the right knee was recommended, as well as

a course of treatment consisting therapeutic exercises and joint mobilization.

On September 02, 2003 an M.R.I. of the right knee was performed which revealed near complete full thickness tear of the ACL. Subsequently, the patient was referred to an orthopedic surgeon, who on September 10, 2003 examined the patient. Based on the medical record, it appears that the surgeon reviewed the M.R.I. films and believed that there was a partial tear of the lateral meniscus as well as tear of ACL. On September 23, 2003 the patient underwent an arthroscopic surgery. However, the exact procedure is unknown as the operative report is absent from the medical record. On October 03, 2003, the post op treatment was initiated which consisted of therapeutic exercises, joint mobilization and electrical muscle stimulation.

**Disputed Services:**

Manual therapy technique, therapeutic exercises, electrical stimulation and muscle testing during the period of 08/14/03 through 01/02/04.

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier as follows:

Medically Necessary:

- office visits (99213) on 11/04, 12/04 and 12/10/2003
- therapeutic exercises (97110) three (3) units for each date of service during the period of 10/03/03 through 12/10/03

Not Medically Necessary

- all treatment and services in dispute rendered from 08/14/03 through 09/12/03
- all office visits other than those stated above as medically necessary
- electrical stimulation (97032)
- muscle testing (95831)
- manual therapy technique (97140)

**Rationale:**

Considering the examination findings, the diagnosis, and hence, a recommendation for an M.R.I., there was no rationale for the medical necessity for the treatment rendered during the period of 08/14/03 through 09/12/03.

Review of the medical record reveals that arthroscopic surgery was performed on September 23, 2003 and post op treatment was initiated on October 03, 2003. Review of the medical record does show a need for rehabilitation following the September 23, 2003 arthroscopic surgery. Based on the medical record, therapeutic exercises from October 03, 2003 up to December 10, 2003 were medically necessary.

The essential goal and objective of therapeutic exercises was joint mobilization (manual therapy) and strengthening, making manual therapy not necessary. Muscle testing (95831) is part of an office visit and, therefore, not medically necessary

Procedure code 99213 is an out patient office visit for evaluation and management of an established patient, which requires at least two of the following key components:

- an expanded problem-focused history
- an expanded problem-focused examination
- medical decision making of low complexity.

The medical record and the nature of the injury do not justify the first two components on every visit. However, the patient should have been re-evaluated every four weeks. Therefore, the re-evaluations on October 03, November 04, December 04 & December 12, 2003 at three (3) unites per visit were medically necessary.

Electrical muscle stimulation is used to prevent or reduce muscle atrophy, or as a means of increasing blood flow to muscles, increasing range of motion, increasing muscle strength, as well as enhancing muscle endurance. Therefore, application of EMS during therapeutic exercises would be considered as duplicative treatment.

The reviewer's opinion is based on careful review of the submitted medical record, current literature, and clinical experience. The aforementioned information has been taken from the following guidelines of clinical practice and/or peer reviewed references:

- *Am J of Sports Medicine. Motion Loss after Ligament Injuries to the Knee: Part I: Causes.* Am. J. Sports Med., Sep 2001; 29: 664 - 675.
- American Medical Association. Current Procedural Terminology
- *Clinical Orthopedic Rehabilitation.* S. Brent Brotzman & Kevin Wilk.

Sincerely,