

MDR Tracking Number: M5-04-4015-01

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 07-23-04.

The IRO reviewed exercises, myofascial release, stimulation, reports, joint mobilization and manual therapy rendered from 09-02-03 through 11-20-03 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the 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 10-25-04, 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 97250 date of service 09-18-03 denied with denial code "NC" (a service has been billed for which a payment is not allowed under the fee schedule. The service is either not covered or the service is not recognized as a valid service). CPT code 97250 is not a valid code under the Medical Fee Guideline effective 08-01-03. No reimbursement recommended.

CPT code 97110 dates of service 09-23-03 through 10-28-03 (8 DOS) denied with denial code "O" (denial after reconsideration). 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 97140 dates of service 09-23-03 through 10-28-03 (7 DOS) denied with denial code "O" (denial after reconsideration). Per Rule 133.304(c) the carrier did not specify an original denial reason or submit original EOBs. Reimbursement per the Medical Fee Schedule effective 08-01-03 is recommended in the amount of \$237.30 ($\$27.12 \times 125\% = \$33.90 \times 7 \text{ DOS}$).

CPT code 97032 dates of service 10-06-03 through 10-28-03 (7 DOS) denied with denial code "O" (denial after reconsideration). Per Rule 133.304(c) the carrier did not specify an original denial reason or submit original EOBs. Reimbursement per the Medical Fee Schedule effective 08-01-03 is recommended in the amount of \$144.76 ($\$16.45 \times 125\% = \$20.68 \times 7 \text{ DOS}$).

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 Medicare program reimbursement methodologies effective 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 Decision is applicable for dates of service 09-23-03 through 10-28-03 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 21st day of December 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

October 19, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-4015-01
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

Office notes of Dr. J, M.D., P.A. and order for physical therapy dated 8/22/03, office notes of Dr. K, M.D. dated 7-16-03, 8/8/03, 9/10/03 & 11/14/03. MRI of the lumbar spine from Imaging Institute of Texas dated 7/31/2003. No other documentation was received for review other than table of disputed services and numerous EOB's.

CLINICAL HISTORY

This patient sustained a work related injury while carrying a heavy metal object with three co-workers. One co-worker fell into a ditch and the patient had to support the extra weight, causing pain in the lower back. He subsequently complained of pain radiating down the bilateral lower extremities, left more painful than right to the toes, with numbness, tingling & weakness in the same distribution. He was placed in a physical therapy program. Carrier has denied services of exercise, myofascial release, stimulation, reports, joint mobilization & manual therapy from 9/2/03 through 11/20/03.

DISPUTED SERVICES

Under dispute is the medical necessity of exercises, myofascial release, stimulation, reports, joint mobilization and manual therapy from 9/2/03 through 11/20/03.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There is insufficient documentation on any of these procedures. There are five very short office notes and an order for therapy, along with a MRI of the lumbar spine. Four of the notes were from the treating doctor, Dr. K, M.D. dated July, August, September & November, and the other note from Dr. J, M.D., P.A. dated 08/22/03 with an order for therapy dated the same date. This is the sum total of all records presented for review, along with all disputed charges and EOB's.

Therapy was recommended and charges submitted on numerous dates, but there are no flow sheets to document the specific exercises, length of time, sets/reps, areas of treatment. There is no documentation of specific dates of myofascial release, stimulation, joint mobilization or manual therapy and no copies of any reports. For these reasons, the reviewer recommends denial of all services.

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,