

MDR Tracking Number: M5-04-4171-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution-General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 August 9, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the neurological re-education (97112), manual therapy technique (97140), therapeutic procedure-group (97150), and therapeutic procedures (97110) denied with V from 08-11-03 through 01-22-04 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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

On August 31, 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.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
11-03-03	97112 97140 97150 97110	\$32.08 \$28.82 \$20.62 \$154.60	\$0.00	No EOB's	\$33.41 \$30.90 \$21.38 \$32.64	Rule 133.307(e)(2)(B)	The requestor did not submit convincing evidence of carrier receipt of requestors request for recon EOB's in accordance with rule 133.307(e)(2)(B) therefore, no reimbursement is recommended. See rationale below for CPT code 97110.
11-04-03	97112 97140 97150 97110	\$32.08 \$28.82 \$20.62 \$154.60	\$0.00	No EOB's	\$33.41 \$30.90 \$21.38 \$32.64	Rule 133.307(e)(2)(B)	The requestor did not submit convincing evidence of carrier receipt of requestors request for recon EOB's in accordance with rule 133.307(e)(2)(B) therefore, no reimbursement is recommended. See rationale below for CPT code 97110.
11-05-03	97112 97140 97150 97110	\$32.08 \$28.82 \$20.62 \$154.60	\$0.00	No EOB's	\$33.41 \$30.90 \$21.38 \$32.64	Rule 133.307(e)(2)(B)	The requestor did not submit convincing evidence of carrier receipt of requestors request for recon EOB's in accordance with rule 133.307(e)(2)(B) therefore, no reimbursement is recommended. See rationale below for CPT code 97110.

11-06-03	97112 97140 97150 97110	\$32.08 \$28.82 \$20.62 \$154.60	\$0.00	No EOB's	\$33.41 \$30.90 \$21.38 \$32.64	Rule 133.307(e)(2)(B)	The requestor did not submit convincing evidence of carrier receipt of requestors request for recon EOB's in accordance with rule 133.307(e)(2)(B) therefore, no reimbursement is recommended. See rationale below for CPT code 97110.
11-10-03	97112 97140 97150 97110	\$32.08 \$28.82 \$20.62 \$154.60	\$0.00	No EOB's	\$33.41 \$30.90 \$21.38 \$32.64	Rule 133.307(e)(2)(B)	The requestor did not submit convincing evidence of carrier receipt of requestors request for recon EOB's in accordance with rule 133.307(e)(2)(B) therefore, no reimbursement is recommended. See rationale below for CPT code 97110.
11-12-03	97112 97140 97150 97110	\$32.08 \$28.82 \$20.62 \$154.60	\$0.00	No EOB's	\$33.41 \$30.90 \$21.38 \$32.64	Rule 133.307(e)(2)(B)	The requestor did not submit convincing evidence of carrier receipt of requestors request for recon EOB's in accordance with rule 133.307(e)(2)(B) therefore, no reimbursement is recommended. See rationale below for CPT code 97110.
11-17-03	97112 97140 97150 97110	\$32.08 \$28.82 \$20.62 \$154.60	\$0.00	No EOB's	\$33.41 \$30.90 \$21.38 \$32.64	Rule 133.307(e)(2)(B)	The requestor did not submit convincing evidence of carrier receipt of requestors request for recon EOB's in accordance with rule 133.307(e)(2)(B) therefore, no reimbursement is recommended. See rationale below for CPT code 97110.
12-08-03	97112 97140 97150 97110	\$32.08 \$28.82 \$20.62 \$154.60	\$0.00	No EOB's	\$33.41 \$30.90 \$21.38 \$32.64	Rule 133.307(e)(2)(B)	The requestor did not submit convincing evidence of carrier receipt of requestors request for recon EOB's in accordance with rule 133.307(e)(2)(B) therefore, no reimbursement is recommended. See rationale below for CPT code 97110.
12-09-03	97112 97140 97150 97110	\$32.08 \$28.82 \$20.62 \$154.60	\$0.00	No EOB's	\$33.41 \$30.90 \$21.38 \$32.64	Rule 133.307(e)(2)(B)	The requestor did not submit convincing evidence of carrier receipt of requestors request for recon EOB's in accordance with rule 133.307(e)(2)(B) therefore, no reimbursement is recommended. See rationale below for CPT code 97110.

12-10-03	97112 97140 97150 97110	\$32.08 \$28.82 \$20.62 \$154.60	\$0.00	No EOB's	\$33.41 \$30.90 \$21.38 \$32.64	Rule 133.307(e)(2)(B)	The requestor did not submit convincing evidence of carrier receipt of requestors request for recon EOB's in accordance with rule 133.307(e)(2)(B) therefore, no reimbursement is recommended. See rationale below for CPT code 97110.
TOTAL							The requestor is entitled to reimbursement of \$.

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.

Based upon the review of the disputed healthcare services within this request, the Division has determined the requestor **is not** entitled to reimbursement for dates of service from 08-11-03 to 01-22-04 and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 21st day of January 2005.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 12, 2004

RE:

MDR Tracking #: M5-04-4171-01

IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents

utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Physical Medicine & Rehabilitation reviewer (who is board certified in Physical Medicine and Rehabilitation) who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Order for payment of IRO fee dated September 13, 2004
- Letters responding to reason for denial by ____, billing coordinator (8 pages)
- Explanation of benefits with reason for denial dated July 9, 2004 (1 page)
- Progress summaries, daily notes, flow sheets, physician prescription (83 pages)

Submitted by Respondent:

- Physician handwritten progress notes by ____ from the period of October 7, 2000 through February 26, 2004
- Physical therapy progress notes from the period of August 25, 2003 through January 12, 2004
- Orthopedic consultation report by ____ dated October 7, 2001
- ____ prescription form dated February 26, 2001
- Thoracic spine MRI scan report dated July 9, 2001
- Functional capacity evaluation dated February 9, 2000
- ____ initial post injury handwritten evaluation note dated October 2, 2000

Clinical History

This 35 year old female sustained occupational injuries to the cervical and thoracic regions as a result of a pallet falling upon her on _____. Most recently she is under the care of _____. _____ referred the patient to _____ as per his prescription dated July 18, 2003. She was evaluated at the physical therapy department on July 31, 2003. Reportedly a physical therapy initial evaluation determined restricted cervical ranges of motion, cervical paraspinal muscle weakness and “severe myofascial tightness in her upper trapezoids and rhomboids”.

Requested Service(s)

Neurological re-education (97112), manual therapy technique (97140), therapeutic procedure-group (97150), and therapeutic procedures (97110) for dates of services 8/11/03-1/22/04 (with exception of dates of service 11/3/03-12/10/03).

Decision

I agree with the insurance carrier that the above requested services are not medically necessary.

Rationale/Basis for Decision

Based upon the submitted medical records documentation reviewed, the patient does not demonstrate a focal objective neurologic impairment to medically justify the ongoing physical therapy/rehabilitation services provided during the period of August 11, 2003 through January 22, 2004 (excluding November 3, 2003 to December 10, 2003). Furthermore, there is no conclusive evidence that the improvement in ranges of motion of the cervical spine and improvement in the patient's strength could have also been improved to a similar degree by an independent vigorous daily home exercise program.