

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 8-16-04.

CPT code 99213 on 9-30-03 was paid by the carrier. Therefore it is not a part of this review.

Services rendered on 10-30-03 (99080-73), 12-22-03 (97112), and 2-4-04 (99080-73) were withdrawn by the requestor and, therefore, will not be a part of this review.

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.

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 the only issue** to be resolved. The office visit, therapeutic exercises and neuromuscular reeducation on 10-30-03, the office visit and therapeutic exercises on 4-5-04 and the therapeutic exercises and neuromuscular reeducation on 4-7-04 **were found** to be medically necessary. The manual therapy technique on 10-2-03, the office visit on 11-4-03, all services from 12-17-03 through 1-5-04, the manual therapy technique on 4-5-04, the office visit and manual therapy technique on 4-7-04 and all services from 4-9-04 through 4-12-04 were **not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Pursuant to 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 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 Decision is applicable for dates of service 10-30-03 through 4-7-04 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 Decision and Order is hereby issued this 5th day of January, 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da
Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION

Date: September 29, 2004

RE:

MDR Tracking #: M5-04-4241-01

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 Chiropractic reviewer 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:

- 9/8/03 note from _____ explaining the claimant's status at that time
- 6/24/04 note which was essentially a rebuttal to the peer review which was done on 10/21/03 by _____
- Various chiropractic and rehabilitation notes including exercise sheets and other daily notes dated 9/30/03 through 4/12/04
- 10/29/03 authorization for the right carpal tunnel release
- 10/24/03 pre-authorization approval for epidural steroid injection #3
- Pre-authorization approval of 10/8/03 regarding epidural steroid injection #2
- Pre-authorization approval letter dated 10/3/03 regarding biofeedback sessions
- Pre-authorization approval letter of 12/19/03 regarding more psychological and biofeedback treatment
- 12/9/03 pre-authorization for biofeedback and psychological treatment
- 11/13/03 pre-authorization approval for a trigger finger release involving the 4 fingers of the right hand
- 1/15/04 pre-authorization approval for bilateral sacroiliac joint injections
- 4/19/04 pre-authorization approval for a lumbosacral myelogram and CT scan
- 2 TWCC-73 reports from _____ dated 2/16/04 and 10/30/03 both revealing the claimant was to remain off work

- Operative report procedure note of 1/7/04 regarding the right carpal tunnel release and trigger finger release of the right index and middle fingers
- 4/14/04 operative note regarding the decompression of the median nerve at the pronator space as well as trigger finger release to the right small and ring fingers
- Follow up note from _____, orthopedist, dated 7/13/04
- 7/30/03 note from _____ – this was mainly for medication management
- Report regarding the MRI of the lumbar spine dated 7/31/03
- Electrodiagnostic studies of the lower extremities dated 8/20/03
- MRI of the right wrist report dated 7/31/03
- Prescription from _____ dated 7/29/03 for Naprosyn
- Procedure note involving the 3rd lumbar epidural steroid injection dated 10/29/03
- 12/17/03 chart note from _____, orthopedist
- Various _____ notes dated 1/8/04 requesting bilateral sacroiliac joint injections
- IME report from _____ dated 9/23/03
- Consultation report from _____ dated 8/6/04 mainly regarding the right shoulder
- Electrodiagnostic study of the upper extremities dated 2/25/04
- Chart note from _____ dated 5/5/04
- 3/24/04 prescription from _____ regarding post sacroiliac joint injection physical therapy – it appears he was prescribing a sacroiliac joint stabilization program on this date
- 3 TWCC-73 reports from _____ the dates were cut off; however, one of the dates is 1/20/04
- Several clinical daily notes from _____ dated 2/26/04 through 5/6/04 for 5 visits total
- 2 case management notes dated 6/3/04 and 7/15/04 from _____

Submitted by Respondent:

- 8/17/04 note from the carrier which essentially outlined copies of payments and reimbursements for various services that had already been reimbursed to the provider
- Various explanation of benefits pages and biofeedback notes with explanation of benefits in connection with the biofeedback documentation for dates 10/23/03 and 10/28/03

Clinical History

It appears from the provided documentation that the claimant suffered right upper extremity and low back injury after he fell onto his outstretched right arm and right side after he tripped over a telephone cord. He was an office worker with _____ at the time of the injury. The claimant ended up undergoing a carpal tunnel release in January 2004 and another release in April 2004. He also underwent 4 trigger finger releases at the same time. The claimant underwent bilateral sacroiliac joint injections it appears sometime in March 2004; however, this appeared to be pre-authorized in January 2004. The exact date of the sacroiliac joint injections is unknown. The claimant also underwent 3 epidural steroid injections mostly in October 2003. The claimant has been under the care of _____; however, it was not known

immediately from the documentation when chiropractic care began. The claimant has also undergone biofeedback and some psychological counseling. The claimant underwent an IME from _____ on 9/23/03. There was mention in _____ report that the claimant underwent a right carpal tunnel release that was not related to the work injury and was settled through his private insurance; however, the details of this were not known at the time. The claimant stated that his prior carpal tunnel release surgery had completely resolved his symptoms until the more recent injury. The claimant did have some electrodiagnostic evidence of left sided L5 radiculopathy; however, the clinical documentation revealed minimal clinical evidence of left lower extremity radiculopathy. There were complaints of radiculitis in the left lower extremity. A CT/myelogram was reportedly not impressive for compressive radiculopathy. The lumbar MRI did reveal a 2-3mm posterocentral and toward the left disc protrusion at the L4/5 level; however, there was no foraminal encroachment. There was a 2mm central disc protrusion at L5/S1 that was also noncompressive. The claimant began seeing an orthopedist, _____, in July 2004 for his ongoing shoulder problem. A shoulder MRI did reveal a small area of avascular necrosis or possibly a nondisplaced fracture along with a partial thickness tear of the supraspinatus or rotator cuff tendon. The shoulder issues appeared to come about mainly beyond the disputed dates of service and are really not an issue as it pertains to this IRO. _____ felt that there was really nothing on CT/myelogram that would warrant surgery at that point and that the claimant should simply exhaust conservative care options.

Requested Service(s)

Manual Therapy (97140), office visits (99213), therapeutic exercises (97110), neuromuscular re-education (97112), hot/cold pack therapy (97010).

Decision

Date	Services M/N	Services not M/N
9/30/03	99213	
10/2/03		97140
10/30/03	All	
11/4/03		99213
12/17/03 to 1/5/04		All
4/5/04	99213, 97110	97140
4/7/04	97110, 97112	99213, 97140
4/9/04 to 4/12/04		All

M/N = Medically necessary

Rationale/Basis for Decision

As far as the 10/2/03 manual therapy technique at 97140 is concerned, manual therapy would not be considered reasonable or medically necessary at that point in the phase of treatment because passive therapy at that point would not be considered a part of a post epidural steroid injection program at that time and the claimant had already had sufficient manual therapy involving his wrists or upper extremities. As far as the 10/30/03 services are concerned, all services billed on this date would be considered medically necessary because the 10/30/03 visit represented the first chiropractic visit beyond the 3rd epidural steroid injection which took place on 10/29/03 and the type of therapy billed would be considered reasonable and medically necessary at that

junction. As far as the 11/4/03 office visit which was billed in part of the disputed dates of service, this appears to be an office visit only and an office visit on every physical therapy visit would not be considered medically necessary during a post injection physical therapy program. As far as the services which were rendered from 12/17/03 through 1/5/04 are concerned, these would not be considered reasonable or medically necessary because they were not performed in proximity to any form of injection and the claimant by this time had already undergone a sufficient amount of conservative treatment with no documented evidence of improvement. The last epidural steroid injection was performed on 10/29/03 and the last carpal tunnel injection was performed on 9/18/03, therefore, the services rendered from 12/17/03 through 1/5/04 would not be considered medically necessary as part of any type of injection program. There was no documented rationale put forth for physical therapy at that point in that the claimant had already undergone more than sufficient conservative care at that point. It was also documented that the claimant was essentially just waiting for surgery and this would not be a sufficient rationale for treatment at that time. As far as the April 2004 disputed dates of service which include 4/5/04, 4/7/04, 4/9/04 and 4/12/04 are concerned, I already mentioned that the active care therapy that was billed on 4/5/04 and 4/7/04 was medically necessary because the treating chiropractor had just received a prescription for 2 days of a sacroiliac stabilization program and the therapy rendered on 4/5/04 and 4/7/04 was part of that 2 day program. According to the chiropractic documentation, _____ recommended a 2 day sacroiliac joint stabilization program, therefore, the 4/9/04 and 4/12/04 visits would not be considered medically necessary and would not be medically necessary as part of any ongoing wrist problem as well because the claimant was pending a second wrist surgery on 4/14/04 anyway. There was also a lack of documentation regarding the specific exercises which were done during the April 2004 disputed dates of services.

In summary, the office visit of 4/5/04 as well as the active care modalities to include 97110 would be considered medically necessary. The 97140 code on 4/5/04 was a passive modality treatment and not warranted for a sacroiliac joint stabilization program. As far as 4/7/04 is concerned, the 99213 office visit was not needed because the claimant had just undergone an office visit 2 days earlier and there would be no need for another office visit only 2 days later. The 97110 and 97112 codes on 4/7/04 would be considered medically necessary; however, the 97140 code of 4/7/04 would not be considered medically necessary because, again, this is a passive modality and not warranted for a sacroiliac joint stabilization program. As already mentioned, the 4/9/04 and 4/12/04 disputed dates of service were not medically necessary and I have already provided a rationale for that.