

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 08-16-04.

Review of EOBs from the carrier for CPT codes 97112 and 97110 dates of service 12-15-03, 12-16-03, 12-17-03, 12-18-03, 12-19-03 and 12-22-03, code 97112 on date of service 01-14-04 and code 97110 (2 units) date of service 01-07-04 revealed services had been paid. Verification of payment was made with the requestor. These services are no longer in dispute.

The IRO reviewed therapeutic exercises, office visits, neuromuscular reeducation, unusual travel, muscle testing, ROM measurements and massage therapy rendered from 12-15-03 through 02-05-04 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.

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 09-16-04, 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.

Review of CPT codes 99211, 97124, 97112 and 97110 dates of service 12-24-03 and 02-04-04, codes 99213, 97124, 97112 and 97110 date of service 01-29-04, code 99082 date of service 02-04-04 revealed that neither party submitted EOBs. Per Rule 133.307(e)(2)(B) the requestor did not provide convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement recommended.

CPT code 99080-73 dates of service 12-29-03 and 02-05-04 denied with denial code "O/YO" (reimbursement was reduced or denied after reconsideration of treatment/service). Since neither party submitted an original EOB review will be per Rule 134.202. Reimbursement is recommended in the amount of **\$30.00 (\$15.00 X 2 DOS)**.

CPT code 97112 date of service 01-07-04 denied with denial code "G/YG" (unbundling/reimbursement for procedure is included in the basic allowance for another procedure). Per Rule 134.202(a)(4) and 133.304(c) the carrier did not specify which service 97112 was global to. Reimbursement per Rule 134.202(c)(1) is \$37.05 (\$29.64 X 125%), however, the requestor billed \$36.94. Reimbursement is recommended in the amount of **\$36.94**.

CPT code 99080-73 date of service 01-08-04 denied with denial code "F/TD" (the work status report was not properly completed or was submitted in excess of the filing requirements,

therefore, reimbursement is denied per rule 129.5). The requestor did not submit documentation for review. No reimbursement recommended.

CPT code 99211 dates of service 01-08-04 and 01-14-04 denied with denial code "F" (fee guideline MAR reduction). The carrier made no payment. The MAR per Rule 134.202(c)(1) is \$27.86 (\$22.29 X 125%), however, the requestor billed \$26.94 for each date of service in dispute. Reimbursement is recommended in the amount of **\$53.88 (\$26.94 X 2 DOS)**.

CPT code 97112 date of service 01-08-04 denied with denial code "F" (fee guideline MAR reduction). The carrier made no payment. The MAR per Rule 134.202(c)(1) is \$37.05 (\$29.64 X 125%), however, the requestor billed \$36.94. Reimbursement is recommended in the amount of **\$36.94**.

CPT code 97110 date of service 01-08-04 (2 units) and date of service 01-14-04 (1 unit) denied with denial code "F" (fee guideline MAR reduction). The carrier made no payment. 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. Reimbursement not recommended.

### **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 the 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 12-29-03, 01-07-04, 01-08-04, 01-14-04 and 02-05-04 in this dispute.

This Findings and Decision and Order are hereby issued this 17th day of February 2005.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh

Enclosure: IRO Decision

**IRO Medical Dispute Resolution M5 Retrospective Medical Necessity  
IRO Decision Notification Letter**

Date: December 15, 2004 (Amended February 7, 2005)  
(Amended February 14, 2005)

Injured Employee:

MDR #: M5-04-4251-01

TWCC #:

MCMC Certification #: 5294

Requested Services: Therapeutic exercises (97110), office visits (99123/99211), neuromuscular reeducation (97112), unusual travel (99082), muscle testing (95831), ROM measurements (95851) and massage therapy (97124). Denied with U denial code for medical necessity without peer review.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that was selected by The Texas Workers' Compensation Commission to render a recommendation regarding the medical necessity of the above Requested Service.

Please be advised that a MCMC Physician Advisor has determined that your request for M5 Retrospective Medical Dispute Resolution on 12/15/2004 concerning the medical necessity of the above references requested service hereby finds the following:

The documentation does not support any of the above captioned codes for 12/15/03 and forward.

This is based on:

- \*IRO medical dispute resolution notification letter dated 10/12/2004
  - \*Letter from Dr. Troy Biezen, New Help Clinics dated 07/19/2004
  - \*Dr. Biezen request for reconsideration letter dated 04/29/2004
  - \*Texan Mutual Insurance company letter of UR dated 02/19/2004
  - \*New Help Clinics claim forms dated 12/15/2003 through 02/05/2004
  - \*Texas Mutual form of explanation of benefits dated 12/15/2003 through 02/05/2004
  - \*Mockingbird Workskills FCE dated 02/16/2004
  - \*New Help Clinics office notes dated 12/15/2003 through 02/05/2004
  - \*New Help Clinics patient progress summary sheet dated 12/15/2003
  - New Help Clinics re-evaluation sheets dated 01/07/2004
  - \*Mockingbird Workskills physical performance evaluation dated 04/12/2004
  - \*Las Colinas Medical Center operative report dated 06/27/2000
  - \*Las Colinas Medical Center operative report dated 01/03/2002
  - \*Dallas Spine Center chart notes from Dr. Jack O.Ford dated 09/02/2003, 09/22/2003, 10/23/2003, 11/19/2003, 01/13/2004, 03/02/2004, 04/16/2004
  - \*Las Colinas Medical Center operative report dated 11/04/2003
  - \*Clinical Interview from Jonnalee Barta, Phd dated 05/06/2004
- Table of disputed services

The injured individual, being one month post surgical, was likely a viable candidate for rehabilitation. An initial evaluation dated 12/15/03 indicates that the claimant had been examined and deemed a viable candidate for rehab. In the course of the 12/15/03 visit, it could be reasonably expected that, as part of the examination, range of motion and muscle testing would be performed.

The billing indicates that additional E/M codes were utilized on each date of service. Specifically, these codes appear to be follow-up examinations on many dates of service as part of the rehabilitation program. This would not be consistent with standard practices for similar cases. An examination to check the injured individual's progress would be consistent with practice standards, however would be conducted at monthly or bimonthly intervals and not at each time of visit. The documentation does not, in most cases, indicate that these examinations were performed. In fact, most dates of service state that the "patient did not see the Dr. today." As such, there should be no consideration for the E/M codes submitted for payment on each date of service except for the initial date of service as stated above.

The documentation does not substantiate the need for neuromuscular re-education (NMR). Typically, NMR is utilized to improve impairments affecting areas such as sitting or standing balance, coordination, kinesthetic sense, posture and proprioception. The documentation does not substantiate that these functional issues were present in this case or make mention of the particular procedure utilized and what body part was treated.

In the case of therapeutic exercises, (97110), the documentation is insufficient to support medical necessity. There is no mention in the documentation as to what modalities were utilized and what specific body areas were treated. Furthermore, there is no daily record of the injured individuals response to the exercises. The documentation merely states that lumbar therapeutic exercises were employed, with no specific associated time element recorded or other information that would be generally considered standards elements of record keeping of rehab procedures.

As for massage, (97124), the documentation does not substantiate the need for the continuation of ongoing passive care. The injured individual was a viable candidate for active care/re-conditioning and the medical necessity for passive care such as massage is not established. Furthermore, there is no associated specific reference to duration to satisfy the required time element in the documentation.

Lastly, given the lack of documentation to support the medical necessity for the rehab as opined above, by association, there is no established medical necessity for unusual travel, (99082). Moreover, the documentation does not establish why the unusual travel was necessary in this particular case.

The reviewing provider is a Licensed Chiropractor and certifies that no known conflict of interest exists between the reviewing chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5)).

**In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of the IRO on this**

**14<sup>th</sup> day of February 2005.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_