

MDR Tracking Number: M5-04-4268-01

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 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 August 16, 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 PT evaluation, therapeutic exercises, group therapy procedures, neuromuscular re-education rendered on 9/3/03 through 10/27/03 were not found to be medically necessary. Therefore, the requestor is not entitled to reimbursement of the 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 September 16, 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.

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings 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 of CPT code 97110 rendered on 9/12/03, 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. The Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of November 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

Date: October 25, 2004

RE:
MDR Tracking #: M5-04-4268-01
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 an orthopedic reviewer, who is board certified in Orthopedics and 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:

- Letter of medical necessity dated 8/2/04
- Clinical notes of treating physician
- Clinical notes of _____

Submitted by Respondent:

- Medical dispute resolution request/response dated 8/16/04
- Table of disputed services

Clinical History

The claimant has a history of bilateral knee pain allegedly related to a compensable injury that occurred on or about _____. The claimant is status post right knee tibial tubercle transfer 2002 and left knee tibial tubercle transfer June 2003. The clinical documentation indicates the claimant was fully ambulatory with a decreased stride and normal range of motion at the time the disputed physical therapy was initiated.

Requested Service(s)

PT Evaluation (97001), Therapeutic Exercises (97110), Group Therapeutic Procedures (97150), Neuromuscular Re-education (97112) from 9/3/03 through 10/27/03.

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

Generally supervised physical therapy is indicated in the presence of significant deficits in functional capacity and range of motion usually associated with acute injury and/or perioperative conditions. The documentation indicates the claimant was 5 months status post left knee reconstruction. The claimant was fully ambulatory and exhibited a normal range of motion. There is no documentation of any disability or incapacity that would preclude the claimant from participating in a well structured home exercise program. There is no clearly documented clinical rationale explaining why a well structure home exercise program would be any less effective than continued supervised intervention in this clinical setting. The claimant's primary complaint was pain. There is no clear evidence that usual and customary conservative measures of treatment were exhausted including but not limited to oral non-steroidal and steroidal anti-inflammatory medications, bracing, and a well structured home exercise program.