

MDR Tracking Number: M5-05-0442-01

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 10-04-04.

The IRO reviewed manual therapy technique-mobilization, therapeutic procedure-range of motion, office visits, electrical stimulation, durable medical equipment, neuromuscular re-education rendered from 11-05-03 through 02-12-04 that were denied based upon "V".

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 10-27-04, 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 99080-73 dates of service 11-26-03 and 02-09-04 denied with a "V" (unnecessary medical with peer review). The TWCC-73 is a required report per Rule 129.5 and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. Reimbursement is recommended in the amount of \$30.00 (\$15.00 X 2 DOS).

CPT code 99212 dates of service 12-01-03, 12-05-03, 12-12-03, 01-05-04, 01-13-04, 01-15-04 and 01-20-04 (7 DOS) denied with denial code "L" (not treating doctor). Per the approved TWCC-53 on 10-24-03 the requestor is the treating doctor of record. The MAR per the Medicare Fee Schedule for the 2003 dates of service is \$46.41 (\$37.13 X 125%) and for the 2004 dates of service is \$48.03 (\$38.41 X 125%). The requestor billed \$29.74 for each date of service. Reimbursement is recommended in the amount of \$208.18 (\$29.74 X 7 DOS).

CPT code 97032 dates of service 12-01-03, 12-05-03, 12-12-03, 01-05-04, 01-06-04, 01-13-04, 01-15-04, 01-20-04 and 01-22-04 (9 DOS) denied with denial code "L" (not treating doctor). Per the approved TWCC-53 on 10-24-03 the

requestor is the treating doctor of record. Reimbursement is per the Medicare Fee Schedule. Reimbursement for the 2003 dates of service is \$62.04 ($\$16.54 \times 125\% = \$20.68 \times 3 \text{ DOS}$). The requestor billed \$20.68 for the 2004 dates of service. The MAR for the 2004 dates of service is \$20.04 ($\$16.03 \times 125\%$), therefore reimbursement for the 2004 dates of service is \$120.24 ($\$20.04 \times 6 \text{ DOS}$).

HCPCS code E1399 dates of service 12-01-03, 01-13-04 and 01-20-04 denied with denial code "L" (not treating doctor). Per the approved TWCC-53 on 10-24-03 the requestor is the treating doctor of record. Reimbursement is recommended in the amount of \$75.00 ($\$25.00 \times 3 \text{ DOS}$).

CPT code 97140 dates of service 12-01-03, 12-05-03, 12-12-03, 01-05-04, 01-06-04, 01-13-04, 01-15-04, 01-20-04 and 01-22-04 (9 DOS) denied with denial code "L" (not treating doctor). Per the approved TWCC-53 on 10-24-03 the requestor is the treating doctor of record. The MAR for the 2003 dates of service is \$33.90 ($\$27.12 \times 125\%$). The MAR for the 2004 dates of service is \$33.91 ($\$27.13 \times 125\%$). The requestor billed \$33.90 for each date of service in dispute. Reimbursement is recommended in the amount of \$305.10 ($\$33.90 \times 9 \text{ DOS}$).

CPT code 97110 dates of service 12-01-03, 12-05-03, 12-12-03, 01-05-04, 01-06-04, 01-13-04, 01-15-04, 01-20-04 and 01-22-04 (9 DOS) denied with denial code "L" (not treating doctor). Per the approved TWCC-53 on 10-24-03 the requestor is the treating doctor of record, however 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 97112 dates of service 12-01-03, 12-05-03, 12-12-03, 01-05-04, 01-06-04, 01-13-04, 01-15-04, 01-20-04 and 01-22-04 (9 DOS) denied with denial code "L" (not treating doctor). Per the approved TWCC-53 on 10-24-03 the requestor is the treating doctor of record. The 2003 MAR is \$36.69 ($\$29.35 \times 125\%$) and the 2004 MAR is \$36.75 ($\$29.40 \times 125\%$). The requestor billed \$36.69 for all dates of service in dispute. Reimbursement is recommended in the amount of \$330.21 ($\$36.69 \times 9 \text{ DOS}$).

CPT code 99214 dates of service 01-06-04 and 01-22-04 denied with denial code "L" (not treating doctor). Per the approved TWCC-53 on 10-24-03 the requestor is the treating doctor of record. The MAR per the Medicare Fee Schedule is \$104.79 (\$83.83 X 125%). The requestor billed \$72.58 for each date of service in dispute. Reimbursement is recommended in the amount of \$145.16 (\$72.58 X 2 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 11-26-03, 12-01-03, 12-05-03, 12-12-03 and 01-05-04 through 01-22-04 and 02-09-04 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 6th day of January 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh
Enclosure: IRO Decision

November 18, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-05-0442-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: 5055

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is licensed in chiropractic and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor

- Position statement

Information provided by Respondent:

- Designated doctor exam 09/07/03

Information provided by Treating Doctor:

- Office notes 10/21/03 – 07/10/04
- Physical therapy notes 12/01/03 – 06/29/04
- Radiology reports 06/05/03 – 10/23/03

Information provided by Pain Management Specialist:

- Office notes 12/02/03 – 08/31/04
- Operative reports 01/28/04 – 03/11/04

Information provided by Orthopedic Surgeon:

- Office notes 05/16/03 – 09/12/03
- Physical therapy notes 05/16/03 – 06/02/03

Information provided by Orthopedic Surgeon:

- Office note 09/07/03

Clinical History:

The patient was working at the time of her accident on ___ that resulted in injury to her low back.

Disputed Services:

Manual therapy technique-mobilization, therapeutic procedure-range of motion, office visits, electrical stimulation, durable medical equipment, neuromuscular re-education during the period of 11/05/03 thru 02/12/04.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were not medically necessary in this case.

Rationale:

The Texas Guidelines and Mercy Guidelines recognize there is a natural history to neuromusculoskeletal injuries and that treatment should advance toward resolution of that injury. This patient went through months of treatment and healing time prior to the disputed care. No progress was noted until the patient received epidural injections. Extensive use of passive and active therapy late in treatment, when they have proven ineffective, is contrary to the accepted guidelines. Two providers commented on the non-organic origin of at least a portion of this patient's pain. The reviewer was unable to comment on the late applications of epidural steroid injections (ESI's), but these provided the main reduction in pain symptoms and not the treatment in dispute.

Sincerely,