

**TEXAS WORKERS' COMPENSATION COMMISSION
MEDICAL REVIEW DIVISION, MS-48
MEDICAL DISPUTE RESOLUTION
FINDING AND DECISION**

MDR Tracking Number: M5-05-1218-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 9-16-03.

The Medical Review 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 therapeutic exercises from 3-14-03 through 3-28-03 were not medically necessary. Therefore, the requestor is not entitled to a reimbursement of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute 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 1-21-05, 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.

One unit of CPT code 97110 on 3-14-03, 3-18-03, 3-21-03, 3-25-03 and 3-28-03 was denied by the insurance carrier as YC - reimbursed per negotiated contract. 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.**

This Finding and Decision is hereby issued this ____ day of _____, 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 3/4/05

TWCC Case Number:	
MDR Tracking Number:	M5-05-1218-01
Name of Patient:	
Name of URA/Payer:	Cooper & Bush Physical Therapy
Name of Provider: (ER, Hospital, or Other Facility)	Cooper & Bush Physical Therapy
Name of Physician: (Treating or Requesting)	William Lowe, MD

February 15, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

This is a gentleman who sustained a laceration to the dorsal surface of the right hand. The repair was unsuccessful requiring a second surgery. Post-operative hand rehabilitation was started. In February 2003 a release of adhesions was required. Again, there was post-operative hand rehabilitation. Two months later (4/21/03) maximum medical improvement was declared.

REQUESTED SERVICE(S)

Therapeutic exercises (97110) for dates of service 3/14/03 through 3/28/03.

DECISION

Denied. Endorse the carrier determination.

RATIONALE/BASIS FOR DECISION

This is a gentleman who had multiple hand surgeries to repair the same problem (extensor tendon lesion) and address the complications therein (lysis of adhesions). The claimant had been provided with a number of therapy sessions. In the three therapy session days prior to the dates in question, the claimant was continuing the therapeutic (TE) exercise as noted on the flow sheet. The only variance was an increase in repetitions and no increase in weight. There is no clinical indication for a direct one-on-one supervision of the therapeutic program. Noting the overall number of sessions and the repetitive nature of the therapy prior to the dates in question, these therapy sessions could have been handled with a self-directed protocol. There was no need for the supervision rendered after the first unit.