

MDR Tracking Number: M5-05-1222-01

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. The dispute was received on 12-13-04.

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 the ultrasound, therapeutic exercises, physical therapy re-evaluation, neuromuscular re-education and gait training were not 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 fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 03-01-04 to 06-30-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 9th 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: 2/8/05
Injured Employee:
MDR : M5-05-1222-01
TWCC #:
MCMC Certification #: 5294

DETERMINATION: Deny

Requested Services:

Please review the item in dispute regarding revenue code 420-physical therapy consisting of 97035-ultrasound; 97110-therapeutic exercises; 97002-physical therapy re-evaluation; 97112-neuromuscular re-education; 97116-gait training. Denied by carrier for Medical Necessity with "U" Codes.

Dates of service in dispute: 03/01/2004 to 06/30/2004

MCMC IIc (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 12/31/2004, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The items in dispute, including the physical therapy revenue codes consisting of 97035-ultrasound; 97110-therapeutic exercises; 97002-physical therapy re-evaluation; 97112- neuromuscular re-education; 97116-gait training, are not established as medically necessary for the dates 03/01/2004 through 06/30/2004.

This decision is based on:

- TWCC Notification of IRO Assignment dated 12/31/2004
- TWCC MR-117 dated 12/31/2004
- TWCC-60 stamped received 12/13/2004 8 pgs
- TWCC 73 dated 1/23/04
- Texas Mutual Explanation of Benefits for DOS
- Trinity Mother Frances Health System: prescriptions dated 2/8/04, 3/2/04, 4/6/04, 5/20/04, 6/15/04; Referral for Rehab Services dated 1/23/04
- Presbyterian Hospital of Greenville: Plan of Care dated 1/26/04, 3/2/04, 4/2/04, 4/12/04 5/2/04, 6/2/04; Patient information sheet dated 1/23/04; Referral for Rehab Services dated 1/23/04; Rehabilitation Services Sheet dated 1/26/04; Outpatient Services flow sheet for DOS 6/25 to 7/1, 5/10/04 to 6/2, 6/4 to 6/23 and 4/12/04; Progress Note dated 6/17/04, 6/18/04; Patient Authorization Form dated 1/23/04
- Hunt Memorial Nursing ****Live**** notes dated 2/5/04, 3/9/04; Patient Notes and Assessment Queries sheets for DOS 3/17/04 to 3/31/04, 6/2/04 to 6/30/04
- Dr. William Hobbs: Letter of Medical Necessity dated 8/6/2004

The injured individual is a 64-year-old male who receive physical therapy from 01/26/2004 through 06/30/2004 status post open reduction and internal fixation (ORIF) on 01/14/2004 to repair fracture of the right distal tibia/fibula. He sustained this injury _____.

The clinical documentation received was incomplete for the dates of service in dispute. There was no clinical documentation for the months of April through May 28, 2004 other than the "Plan of Care" dated 04/12/2002, an empty flow sheet for the dates 04/12/2004 through 04/28/2004, billing summary sheet for the month of April, Plan of Care dated 05/02/2004, a completed flow sheet dated 05/10/2004 through 06/02/2004, a MD prescription dated 05/20/2004, and a billing summary for the month of May. According to the APTA Guide to Physical Therapist Practice, documentation of the continuum of care should include:

A. Intervention or service provided:

1. Documentation is required for each patient visit/encounter
2. Elements may include identification of specific interventions provided and equipment provided

B. Patient status, progress, or regression. Elements may include:

1. Subjective status of patient
2. Changes in objective and measurable findings as the relate to existing goals

3. Adverse reaction to treatment
4. Progression/regression of existing therapeutic regimen, including patient education and adherence
5. Authentication and appropriate designation of either a physical therapist or physical therapist assistant

The documentation for April 2, 2004 through May 28, 2004, does not meet the above criteria.

The documentation dated 03/02/2004 through 03/31/2004 partially meets the above criteria but several inconsistencies can be noted. In the reassessment/ "Plan of Care" documentation dated 03/02/2004, the injured individual had ankle range of motion (ROM) measurements of Dorsiflexion 6 degrees, Plantarflexion of 35 degrees, Inversion of 14 degrees and Eversion of 13 degrees. According to the American Academy of Orthopedics, norms of ankle ROM is as follows: dorsiflexion 0-20, plantar flexion 0-50, inversion 0-35 and eversion 0-20 degrees. The injured individual appears to have limitations in all directions but there is no ROM goal in the short term goals section of the "Plan of Care". In the documentation dated 03/09/2004, "the PT's MD did state at last visit that ankle dorsiflexion would be limited at end ROM by hardware near the anterior talocalcaneal joint line."

On 03/01/2004 the documentation reports ultrasound times five minutes to distal Iliotibial band at 100% 2 MHZ. According to the Center for Medicare and Medicaid, in order to charge for a timed unit, such as ultrasound, it has to be for the greater part of a 15 minute interval (8 minutes or longer). Since the treatment was only five minutes, this treatment should not be billed as a 15 minute unit.

Over the course of the therapy in the month of March, the progression of exercise is slow. The therapist states on 03/15/2004 that "the patient successfully used SBQC (small base quad cane) this past weekend with and without his boot". In the assessment portion of the note for that same day the therapist states "Feel that the patient is ready to transition to SBQC". There is documentation dated 03/31/2004, which stated that gait training was performed with a rolling walker and a quad cane.

This patient should have been issued a quad cane on 03/15/2004 and gait training should have focused on improving the gait cycle with the quad cane and/or progression to a single point cane. The injured individual was evaluated on 01/26/2004 with a weight-bearing status of "as tolerated" according to the plan of care. It is the opinion of this therapist that the progression of the patient out of his walking boot should have occurred at a faster rate. The documentation mentions the boot as late as 04/12/2004 as a short term goal; "Pt to tolerate being out of the boot all the time". The documentation from the therapist and the physician do not mention the necessity of the boot for 3-4 months. The patient appears to have become dependant on the security of the boot, walker, and even the wheelchair. The short term goal on 05/02/2004 was "No use of wheelchair", but no time frame is given.

In addition slow progression of gait, the exercise routine is slow to progress as well. The injured individual is seen three times per week for therapeutic procedures (HCPC code 97110- therapeutic exercise) but repeats the same exercises for the same number of repetitions and with the same weight. The documentation dated 03/09/2004 states that the he is "independent with home exercise program for right lower extremity

strengthening and ankle ROM". Over the next eight visits, the injured individual continues to do the same yellow theraband exercises, for the same number of repetitions. The injured individual has the same PROM stretching exercises for the great toe and ankle over the entire month.

The physical therapy reassessments (HPCP 97002) do not meet the Guide to Physical Therapist Documentation guidelines. The criteria not met are:

1. Interpretation of findings
2. Revision of treatment plan, as directly correlated with revision of goals

Clinical documentation is provided for June 2004, but without sufficient documentation for April and May, medical necessity cannot be established.

The reviewing provider is a Licensed Physiotherapist and certifies that no known conflict of interest exists between the reviewing Physiotherapist 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 TWCC on this

8th day of February 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____