

MDR Tracking Number: M5-05-1526-01

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 01-24-05.

The IRO reviewed manual therapy techniques, therapeutic exercises and electrical stimulation rendered from 02-09-04 through 03-30-04 that were denied based upon "V".

The IRO determined that one (1) unit of manual therapy and two (2) units of therapeutic exercises between dates of service 02-09-04 and 03-10-04 **were** medically necessary. The IRO further determined that the electrical stimulation for all dates of service in dispute and more than one (1) unit of manual therapy and more than two (2) units of therapeutic exercises between dates of service 02-09-04 and 03-10-04 and all units billed of manual therapy and therapeutic exercises after 03-10-04 **were not** medically necessary. The amount of reimbursement due for the medical necessity issues from the carrier equals **\$836.93**.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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 03-01-05, 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.

CPT code 99213 date of service 03-03-04 denied with denial code "881" (procedures /services are disallowed as they are not authorized). The carrier has made no payment. CPT code 99213 does not require preauthorization per Rule 134.600. Reimbursement is recommended in the amount of **\$61.98 (\$49.58 X 125%)**.

Review of CPT codes 97140 and G0283 date of service 04-01-04 revealed that neither party submitted copies of 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 is recommended.

Review of CPT code 97110 date of service 04-01-04 revealed that neither party submitted copies of EOBs. Per Rule 133.307(e)(2)(B) the requestor did not provide convincing evidence of carrier receipt of the providers request for EOBs. In addition, 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 (MRD) has reviewed the matters in light of the Commission requirements for proper documentation. No reimbursement is 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 for dates of service 02-09-04 through 03-10-04 totaling \$898.91 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 Findings and Decision and Order are hereby issued this 21st day of April 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

TWCC Case Number:	
MDR Tracking Number:	M5-05-1526-01
Name of Patient:	
Name of URA/Payer:	Cody B. Doyle, DC
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Cody B. Doyle, DC

April 7, 2005

An independent review of the above-referenced case has been completed by a chiropractic doctor. 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

Available documentation received and included for review consists of records from Drs Hamilton (MD) Doyle (DC), and peer review Bottorf (DC).

Record review reveals the following:

Mr. ____, a 52-year-old male, injured his neck on ____ while employed with ____ as a stocker. While stocking shelves, he developed neck pain which became progressively worse; he sought care with Dr. Doyle, a chiropractor, who treated him conservatively for several months. MRI scan revealed C3/4 and C5/6 disc bulges with large left sided herniation at C4/5. A second neurosurgical opinion was sought in April 2003 from Dr. Hamilton who recommended cervical ESI's. This was only of limited benefit, so he eventually proceeded to surgery on 08/06/03. Surgery consisted of C4-5 and C5-6 discectomy with fusion. A follow-up note (Hamilton) dated 09/18/03 reports the patient doing very well without the need for further follow-up. The next information available is treatment notes from Dr. Doyle starting 02/05/04, reporting 2/10 pain level, and an 'improving condition'. ROM and strength testing was referenced for MMI determination, however these are not available for review. A course of therapy was then instituted, multiple times per week between 02/09/04 and 04/13/04.

REQUESTED SERVICE(S)

Medical necessity of electrical stimulation (G0283), manual therapy (97140), therapeutic exercises, (97110), (02/09/04 - 03/30/04 and 04/06/04 - 4/13/04).

DECISION

Approve 1 unit of manual therapy (97140) between 02/09/04 and 03/10/04.

Approve 2 units of therapeutic exercises (97110) between 02/09/04 and 03/10/04.

Deny electrical stimulation (GO283).

RATIONALE/BASIS FOR DECISION

The standard of medical necessity in Workers Comp, according to the Texas labor code 408.021 (entitlement to medical benefits) is that an employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to healthcare that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment.

There is no rationale offered for the on-going requirement for electrical stimulation. At eight months out (post surgery), the patient complained of 2-3/10 pain level, with minimal objective reports of deficit. While a limited strengthening / conditioning program may have been required, there is no clinical rationale or indication presented for this passive modality in an on-going fashion.

There is a considerable amount of time between the surgery and the institution of rehab, even given the patient's age and co-morbidity factors (diabetes and hypothyroidism). Despite this disparity, a course of post-operative stabilization may still be appropriate. The exercises were basic, unchanging without any obvious progression or documented effect on the patient's condition. Exercises consisted of a bicycle ergometer (UBE), 'anchor-stretch' and 'corner-stretch' with cervical resistance exercises in 4 quadrants 3x10 reps. Even considering the patient's age, there is insufficient documentation to determine that this would require much beyond 30 minutes of 1-on-1 supervision time to complete. Use of a UBE is unlikely to require 1-on-1 supervision, especially after initial instruction.

There were reports of some muscular hypertonicity and therefore some adjunctive myofascial release can be considered appropriate in conjunction with the exercise program,

Considering the pain levels reported, the lack of progression and reported outcomes with the program, (in terms of objective data), documentation does not support necessity of care past 3/10/04.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.

References:

Hansen DT: Topics in Clinical Chiropractic, 1994, volume one, No. 4, December 1994, pp. 1-8 with the article "Back to Basics: Determining how much care to give and reporting patient progress".

Haldeman S., Chapman-Smith D, Peterson DM., eds. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen: Giathersburg, MD, 1993;

Souza T: Differential Diagnosis for a Chiropractor: Protocols and Algorithms, 1997; chapter 1, pp. 3-25.

Liebenson C. Commentary: Rehabilitation and chiropractic practice. JMPT 1996; 19(2):134140