

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 2-1-05.

The IRO reviewed office visit, mechanical traction, electrical stimulation, massage, therapeutic exercises, neuromuscular re-education, manual therapy techniques, and chiropractic manipulations on 4-9-04 to 5-13-04.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the majority of the medical necessity issues. The IRO deemed the office visit on 4-28-04, chiropractic manipulations, manual therapy techniques, neuromuscular re-education, and therapeutic exercises were medically necessary **in the amount of \$2,964.71**. The IRO agreed with the previous adverse determination that the mechanical traction, electrical stimulation, and massage were not medically necessary. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this Order.

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

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 3-3-05, 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.

99070 (ice pack) billed for date of service 3-17-04 was paid @ \$4.32 with denial reason "M, 426 - reduced to fair and reasonable." Requestor is seeking additional \$25.68. Per Medicare, ice packs are billed with a HCPCS code. Per Medicare, code 99070 is a bundled code, not paid separately, and payment is included into payment for related services. Therefore, no additional reimbursement recommended.

99178 billed for date of service 4-5-04 is an invalid code per Rule 134.202(b) and will not be reviewed.

97112 billed on 4-7-04 denied as "F, 435 - value of this procedure is included in the value of the comprehensive procedure. Per Rule 133.304(c) the respondent did not state what the comprehensive procedure was; therefore, this service will be reviewed per Rule 134.202 (c).

- The MAR is $\$27.44 \times 125\% = \34.30 . Requestor is seeking \$33.41. Recommend reimbursement of \$33.41.

The above Findings and Decision is hereby issued this 15th day of April 2005.

Medical Dispute Resolution Officer
Medical Review Division

ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the Respondent to pay the unpaid medical fees of \$2964.71 plus \$33.41 as outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after 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 Order is applicable to dates of service 4-7-04 through 5-13-04 as outlined above.

This Order is hereby issued this 15th day of April 2005.

Medical Necessity Team
Medical Dispute Resolution
Medical Review Division

Enclosure: IRO Decision

March 18, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M5-05-1593-01
CLIENT TRACKING NUMBER: M5-05-1593-01 5278

AMMENDED REVIEW 4/13/05

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records from the State:

- Texas Workers' Compensation Commission Notification of IRO Assignment, 3/3/05
- Texas Workers' Compensation Commission Medical Dispute Resolution notice, 3/5/05
- Medical Dispute Resolution Request/Response forms, x2
- Table of Disputed Services, 7 pages
- Explanation of Benefits, x15 pages

Records from Boyd Chiropractic:

- 4 page letter from Boyd Chiropractic Center, 3/9/05
- 1 page prescription, 6/14/04
- 85 pages of medical records from Boyd Chiropractic Center, 3/17/04 – 5/13/04
- 7 page impairment rating, 6/16/04
- 2 page radiology report, 3/17/04
- Right knee MRI study, 3/31/04

Records from Arkansas Claims Management:

- 1 page memo from Arkansas Claims Management, 3/11/05
- 2 page IRO summary, 3/7/05
- 2 page review from Phillip Osborne MD, 11/10/04
- 2 page review from Melissa Tonn MD, 5/18/04
- 1 page review from Brad Hayes DC, 6/24/04
- 1 page review from Brad Hayes DC, 6/15/04
- 1 page review from Brad Hayes DC, 6/15/04
- 1 page review from Brad Hayes DC, 5/20/04
- 2 page review from Phillip Osborne MD, 4/28/04
- Employer's First Report of Injury/Illness, 3/5/04
- Payment of Compensation or Notice of Refused/Disputed Claim, 4/9/04
- 4 pages of records from Medical Associates of Brownsville, 3/8/04
- TWCC-73 Work Status Report from Jorge Guevara MD, 3/8/04
- 2 page report from Dr. Guevara, 3/16/04
- TWCC-73 Work Status Report from Dr. Guevara, 3/16/04
- 36 pages of records from Boyd Chiropractic Center, 3/17/04 – 5/12/04
- TWCC-73 Work Status Report, 5/12/04
- 7 page impairment rating, 6/16/04
- 2 page request for reconsideration, 9/15/04
- Amended TWCC-69 dated 6/16/04
- 43 pages of physical therapy notes from Arkansas Claims Management

Summary of Treatment/Case History:

The patient, a 28-year-old female, slipped and fell on the job on ___ and sprained multiple body parts. She went to Medical Associates of Brownsville on 3/8/04 with complaints of left ankle pain,

right knee pain, and lower back pain. She was diagnosed with a low back contusion, right knee contusion, and left ankle pain and she was placed on restricted duty and she received physical therapy treatments on the following dates:

Mar 04: 8, 9, 10, 11, 15, 16

The patient went to Todd Boyd DC for evaluation and treatment on 3/17/04 and she complained of right knee pain and lower back pain, as well as left foot pain. She rated her pain at a level of 8/10 and the examination revealed normal neurological status, locally positive lumbar orthopedic tests, and reduced lumbar and knee ranges of motion. She began a course of treatment with Dr. Boyd and was seen on the following dates:

Mar 04: 17, 19, 22, 25, 26, 29, 30, 31

Apr 04: 1, 5, 7, 9, 12, 14, 16, 21, 26, 28, 30

May 04: 3, 5, 7, 12, 13

Questions for Review:

Items in Dispute:

1. Are the office visit (#99214–25), mechanical traction (#97012), electrical stimulation (#G0283), massage (#97124), therapeutic exercise (#97110), neuromuscular reeducation (#97112), manual therapy techniques (#97140), and chiropractic manipulations (#98940 and #98943) on 4/9/04 to 5/13/04 medically necessary?

Explanation of Findings:

Re-examination/office visit (#99214–25) was medically necessary on 4/28/04

The use of mechanical traction (#97012) from 4/9/04 to 5/13/04 was not medically necessary. The Royal College of General Practitioners indicates that there are now 24 RCTs of various forms of traction in neck and back pain but they are generally of poor quality. Traction does not appear to be effective for low back pain or radiculopathy. (Royal College of General Practitioners, Clinical Guidelines for the management of Acute Low Back Pain, Review Date: December 2001)

The use of electrical stimulation (#G0283) and massage (#97124–59) from 4/9/04 to 5/13/04 was not medically necessary. The Philadelphia Panel found that therapeutic exercises were found to be beneficial for chronic, subacute, and post-surgery low back pain. Continuation of normal activities was the only intervention with beneficial effects for acute low back pain. For several interventions and indications (eg, thermotherapy, therapeutic ultrasound, massage, electrical stimulation), there was a lack of evidence regarding efficacy. (Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Low Back Pain. Phys Ther. 2001;81:1641–1674).

According to the Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Interventions for Knee Pain, transcutaneous electrical nerve stimulation (TENS) and therapeutic exercises were beneficial for knee osteoarthritis, and (2) there was good agreement with these recommendations from practitioners (73% for TENS, 98% for exercises). For several interventions and indications (eg, thermotherapy, therapeutic ultrasound, massage, electrical stimulation), there was a lack of evidence regarding efficacy. (Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Knee Pain. Phys Ther. 2001;81:1675–1700)

The use of spinal manipulation (#98940), extremity manipulation (#98943) and manual therapy techniques (#97140) from 4/9/04 to 5/13/04 was medically necessary. Cox and Schreiner conducted a multicenter observational pilot study to compile statistics on 576 patients with low back and/or leg pain. The purpose was to determine the congenital and developmental changes in patients with low back and/or leg pain, the combinations of such anomalies, the accuracy of orthodox diagnostic tests in assessing low back pain, ergonomic factors affecting onset and, ultimately, the specific difficulty factors encountered in treating the various conditions seen in the average chiropractor's office. For all conditions treated, the average number of days to attain maximum improvement was 43 and the number of visits 19. It was concluded that this study provided useful data for assessment of routine chiropractic office based diagnosis and treatment of related conditions; however, further controlled studies are necessary for validation of specific parameters (Cox JM, and Shreiner S., "Chiropractic manipulation in low back pain and sciatica: statistical data on the diagnosis, treatment and response of 576 consecutive cases", J Manipulative Physiol Ther 1984 Mar;7(1):1-11)

Haldeman reported that manipulation appears to have its greatest effect immediately following treatment and during the initial two to six weeks of ongoing treatment. Haldeman noted that the effectiveness of manipulation for the management of back pain seems to be minimal at 3 months to 12 months (Haldeman, S. "Spinal manipulative therapy: A status report", Clinical Orthopedics and Related Research, 179:62-70, 1983).

The use of neuromuscular reeducation (#97112) and therapeutic exercises (#97110) was medically necessary from 4/9/04 to 5/13/04. Haldeman et al indicate that it is beneficial to proceed to the rehabilitation phase of care as rapidly as possible to minimize dependence on passive forms of treatment/care and reaching the rehabilitation phase as rapidly as possible and minimizing dependence on passive treatment usually leads to the optimum result (Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993)

Conclusion:

1. Are the office visit (#99214-25), mechanical traction (#97012), electrical stimulation (#G0283), massage (#97124), therapeutic exercise (#97110), neuromuscular reeducation (#97112), manual therapy techniques (#97140), and chiropractic manipulations (#98940 and #98943) on 4/9/04 to 5/13/04 medically necessary?

Decision to Certify:

Re-examination/office visit (#99214-25) was medically necessary on 4/28/04

The use of spinal manipulation (#98940), extremity manipulation (#98943) and manual therapy techniques (#97140) from 4/9/04 to 5/13/04 was medically necessary.

The use of neuromuscular reeducation (#97112) and therapeutic exercises (#97110) was medically necessary from 4/9/04 to 5/13/04.

Decision to Not Certify:

The use of mechanical traction (#97012) from 4/9/04 to 5/13/04 was not medically necessary.

The use of electrical stimulation (#G0283) and massage (#97124-59) from 4/9/04 to 5/13/04 was not medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993

References Used in Support of Decision:

Royal College of General Practitioners, Clinical Guidelines for the management of Acute Low Back Pain, Review Date: December 2001

Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Low Back Pain. Phys Ther. 2001;81:1641-1674

Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Knee Pain. Phys Ther. 2001;81:1675-1700

Cox JM, and Shreiner S., "Chiropractic manipulation in low back pain and sciatica: statistical data on the diagnosis, treatment and response of 576 consecutive cases", J Manipulative Physiol Ther 1984 Mar;7(1):1-11

Haldeman, S. "Spinal manipulative therapy: A status report", Clinical Orthopedics and Related Research, 179:62-70, 1983

This review was provided by a Doctor of Chiropractic who is also a member of the American Chiropractic Academy of Neurology. This reviewer also holds a certification in Acupuncture. This reviewer has fulfilled both academic and clinical appointments and currently serves as an assistant professor at a state college, is in private practice and is a director of chiropractic services. This reviewer has previously served as a director, dean, instructor, assistant professor, and teaching assistant at a state college and was responsible for course studies consisting of pediatric and geriatric diagnosis, palpation, adjusting, physical therapy, case management, and chiropractic principles. This reviewer is responsible for multiple postgraduate seminars on various topics relating to chiropractics and has authored numerous publications. This reviewer has participated in numerous related professional activities including work groups, committees, consulting, national healthcare advisory committees, seminars, National Chiropractic Coalition, media appearances, and industrial consulting. This reviewer has been in practice since 1986.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular

specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

1145594.1

vso

v041305o