

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 2-3-05.

In accordance with Rule 133.308 (e)(1), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The following date(s) of service are not timely and are not eligible for this review: 2-2-04.

The IRO reviewed office visits, TENS pads, durable medical equipment, manual therapy, neuromuscular re-education, therapeutic exercises, ultrasound therapy, chiropractic manipulative treatment and therapeutic activities for 3-5-04 through 4-23-04 that were denied by the insurance carrier for medical necessity.

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 office visits, TENS pads, durable medical equipment, manual therapy, neuromuscular re-education, therapeutic exercises, ultrasound therapy, chiropractic manipulative treatment and therapeutic activities for 3-5-04 through 4-23-04 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute to be resolved.

On 3-8-05 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.

The requestor submitted a revised Table of Disputed Services on 5-26-05 which omitted the services which had been reimbursed by the carrier.

CPT code 98940 on 2-3-04 was denied as "F – fee guideline MAR reduction". The carrier states in the Amount Paid column that this service was reimbursed to the requestor. However, the requestor states that no payment was received. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service and the carrier did not reimburse partial payment or give a rationale for not doing so. **Reimbursement is recommended in the amount of \$33.61.**

CPT code 97140 on 2-3-04, 2-10-04, 2-20-04 and 3-1-04 was denied as "F – fee guideline MAR reduction". The carrier states in the Amount Paid column that this service was reimbursed to the requestor. However, the requestor states that no payment was received. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service and the carrier did not reimburse partial payment or give a rationale for not doing so. **Reimbursement is recommended in the amount of \$136.52 (34.13 X 4 DOS).**

CPT code 97140 on 2-12-04 on was denied as "F – fee guideline MAR reduction". In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service and the carrier did not reimburse partial payment or give a rationale for not doing so. **Reimbursement is recommended in the amount of \$34.13.**

CPT code 97140 on 2-27-04 on was denied as "G-Unbundling". Per Rule 133.304(c) and 134.202(a)(4) carrier didn't specify which service this was global to. **Recommend reimbursement per Rule 134.202(c)(1) of \$34.13.**

CPT code 99215 on 2-27-04 on was denied as "G-Unbundling". Per Rule 133.304(c) and 134.202(a)(4) carrier didn't specify which service this was global to. **Recommend reimbursement per Rule 134.202(c)(1) of \$153.76.**

HCPCS code E1399 on 2-12-04 and 2-20-04 was denied as "N- not appropriately documented." Review of the office notes verify that requestor did not submit relevant documentation to support this DOP service rendered per Rule 133.307(g)(3)(B). **Recommend no reimbursement.**

HCPCS code E0745 on 2-27-04 was denied as "A-preauthorization required, but not obtained." Per Rule 134.600(h)(11) preauthorization is not required for items less than \$500.00. **Recommend reimbursement of \$111.89.**

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 totaling \$504.04 from 2-3-04 through 3-1-04 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 Decision and Order is hereby issued this 27th day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

NOTICE OF INDEPENDENT REVIEW DECISION

May 3, 2005

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-05-1618-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist

between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This male patient injured his back, neck and arm in a work related event. He has been treated with surgery and therapy.

Requested Service(s)

Office visit, TENS pads, durable medical equipment, manual therapy, neuromuscular re-education, therapeutic exercises, ultrasound therapy, chiropractic manipulative treatment, therapeutic activities for dates of service 02/02/04, 03/05/04, 03/09/04, 03/17/04, 03/22/04-03/24/04, 03/26/04-04/23/04

Decision

It is determined that there is medical necessity for the office visit on 02/02/04 to treat this patient's medical condition. All other office visits for dates of service 03/05/04, 03/09/04, 03/17/04, 03/22/04 through 03/24/04, and 03/26/04 through 04/23/04 are not medically necessary to treat this patient's medical condition.

It is determined that there is no medical necessity for the TENS pads, durable medical equipment, manual therapy, neuromuscular re-education, therapeutic exercises, ultrasound therapy, chiropractic manipulative treatment, and therapeutic activities for dates of service 02/02/04, 03/05/04, 03/09/04, 03/17/04, 03/22/04 through 03/24/04, and 03/26/04 through 04/23/04 are not medically necessary to treat this patient's medical condition.

Rationale/Basis for Decision

Following surgery, physical medicine treatments are an accepted part of a rehabilitation program. Therefore the office visit on 02/02/04 was medically necessary to treat this patient's medical condition. All other office visits for dates of service 03/05/04, 03/09/04, 03/17/04, 03/22/04 through 03/24/04, and 03/26/04 through 04/23/04 are not medically necessary to treat this patient's medical condition.

Rehabilitative and therapeutic exercises may be performed in a clinic one-on-one, in a clinic in a group, at a gym or at home with the least costly of these options being a home program. A home exercise program is also preferable because the patient can perform them on a daily basis. In this case, there is no evidence to support the need for monitored therapy. Services that do not require "hands-on care" or supervision of a health care provider are not considered medically necessary services. After four weeks on monitored instruction, the patient should have been able to perform the exercise on his own. The gains obtained after 03/03/04 would have likely been achieved through the performance of a home program so all monitored therapy after that date was medically unnecessary.

In regards to manual therapy, neuromuscular re-education, TENS pads, durable medical equipment and ultrasound, the medical necessity of those passive treatments was not supported by the medical record documentation. No diagnosis or physical examination findings on this patient demonstrated the type of neuropathology that would necessitate the application of neuromuscular re-education. Medical record documentation must clearly identify the need for these treatments.

Therefore, the passive treatments, TENS pads, durable medical equipment, manual therapy, neuromuscular re-education, therapeutic exercises, ultrasound therapy, chiropractic manipulative treatment, and therapeutic activities for dates of service 02/02/04, 03/05/04, 03/09/04, 03/17/04,

03/22/04 through 03/24/04, and 03/26/04 through 04/23/04 were not medically necessary to treat this patient's medical condition.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-05-1618-01

Information Submitted by Requestor:

- Progress Notes
- Procedure Notes

Information Submitted by Respondent:

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