

MDR Tracking Number: M5-05-1656-01

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 2-8-05.

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, electrical stimulation, manual therapy technique, therapeutic exercises, neuromuscular reeducation and DME 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 3-7-05 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 99080-73 on 3-12-04, 4-19-04 and 5-3-04 were denied by the carrier as "TD – The work status report was not properly completed." Review of the file reveals that the requestor did not submit a copy of the TWCC-73, therefore documentation could not be verified. **Recommend no reimbursement.**

Regarding CPT code 97750 on 3-31-04 – The EOB shows that a payment was made.

This Finding and Decision is hereby issued this 8<sup>th</sup> day of April 2005.

Donna Auby

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:	M5-05-1656-01
Name of Patient:	
Name of URA/Payer:	Houston Pain & Recovery
Name of Provider: (ER, Hospital, or Other Facility)	Houston Pain & Recovery
Name of Physician: (Treating or Requesting)	William Hicks, 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 information suggests that this patient reports experiencing a low back injury as a result of a motor vehicle accident on \_\_\_\_\_. As this accident occurred during working hours, the patient reported the injury to his employer, and he was referred to Concentra Medical Center for evaluation and treatment. No reports or treatment notes are provided from Concentra. The patient is later seen on 02/12/04 by a chiropractor, Dr. William Hicks. The patient is evaluated by Dr. Hicks and found to have a lumbar and thoracolumbar sprain/strain and was provided with active and passive physical therapy. Unfortunately, no records of initial chiropractic treatments are submitted from 02/12/04 to 03/08/04. The patient is seen for pain management evaluation on 03/09/04 with an Andrew McKay, MD, and is confirmed with lumbar sprain/strain and myofascial pain. Medications for pain and muscle spasm are provided. Follow-up is made on 04/06/04 with Dr. McKay indicating improved symptomology with no radiculopathy or neuropathy. Recommendations are made to continue medications and progress to work hardening. Subsequent chiropractic evaluation is submitted 03/12/04 indicating that the patient is to continue with active care only. Multiple unsigned and computer generated chiropractic progress notes indicate that the patient is continued with multiple passive therapies including hot packs, e-stim. and myofascial release. These limited progress notes also indicate that the patient undergoes active stretching and strengthening activities for the lumbar area, but no specific goals, functional achievement or level of supervision is documented.

#### REQUESTED SERVICE(S)

Determine medical necessity for office visits (99212, 99213, 99214), electric stimulation (97032) manual therapy (97140), therapeutic exercise (97110), neuromuscular reeducation (97112) and misc. DME (E1399) for period in dispute 03/08/04 through 05/07/04.

## DECISION

Denied.

## RATIONALE/BASIS FOR DECISION

Medical necessity for these ongoing treatments and services (03/08/04 through 05/07/04) **are not supported** by available documentation, including office visits (99121, 99213, and 99214). Ongoing chiropractic treatments are poorly documented and suggest little potential for further restoration of function or resolution of symptoms following initial month of treatment. In addition, passive modalities such as electric stimulation and myofascial release (manual therapy) are inconsistent with chiropractic plan and orders submitted in subsequent report of 03/12/04. There does appear to be some general medical necessity for active exercise, functional activities and strength training, but this is not adequately documented in unsigned, computer generated chiropractic progress notes. It appears that at this point in care, the patient would be fully capable in performing these activities in a self-directed home/self care program. Level of care identified as 97110 and 97112 are not supported in chiropractic documentation. In addition, specific orders, clinical rationale and medical necessity for misc. DME (E1399) is not supported in available documentation.

## References:

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Hurwitz EL, et al. The effectiveness of physical modalities among patients with low back pain randomized to chiropractic care: Findings from the UCLA Low Back Pain Study. *J Manipulative Physiol Ther* 2002; 25(1):10-20.
3. Bigos S., et. al., AHCP, Clinical Practice Guideline, Publication No. 95-0643, Public Health Service, December 1994.
4. Harris GR, Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" [Journal of Family Practice](#), Dec, 2002.
5. Morton JE. Manipulation in the treatment of acute low back pain. *J Man Manip Ther* 1999; 7(4):182-189.
6. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993. (Adequate Documentation Parameters)

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.