

MDR Tracking Number: M5-05-1708-01

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 02-15-05.

The IRO reviewed electrical stimulation, manual therapy, office visits, ROM testing, physician review and interpretation CMPT, therapeutic exercises, neuromuscular re-education and muscle testing rendered from 04-28-04 through 05-19-04 that were denied based upon "V".

CPT code 97010 per Trailblazer Local Coverage Determination Policy Y-14.7 is a bundled service code and considered an integral part of a therapeutic procedure(s). Regardless of whether it is billed alone or in conjunction with another therapy code, additional payment should not be made. Payment is included in the allowance for another therapy service/procedure performed.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. 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. The amount of reimbursement due from the carrier for the medical necessity issues equals **\$2,767.11**.

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 03-11-05, 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.

Review of CPT code 99080-73 date of service 04-27-04 revealed that neither party submitted an EOB. Per Rule 133.307(e)(2)(B) the requestor submitted evidence of carrier receipt of the providers request for an EOB. Reimbursement is recommended in the amount of **\$15.00.**

CPT code 97110 date of service 05-27-04 denied with denial code "F/663" (Fee Guideline MAR reduction. Reimbursement has been calculated according to State Fee Schedule Guidelines). The carrier has made a payment of \$36.99. 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 additional reimbursement is recommended.

CPT code 97750 date of service 06-09-04 denied with denial code "G/509" (unbundling. Correct coding initiative bundle guidelines indicate this code is a comprehensive component of another code on the same day). Per Rule 133.304(c) and 134.202(a)(4) the carrier did not specify which code 97750 was global to. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$570.56 (\$28.53 X 125% = \$35.66 X 16 units).**

CPT code 97140 dates of service 10-07-04, 10-18-04 and 10-29-04 denied with denial code "G" (unbundling. Correct coding initiative bundle guidelines indicate this code is a comprehensive component of another code on the same day). Per Rule 133.304(c) and 134.202(a)(4) the carrier did not specify which code 97140 was global to. Reimbursement per Rule

134.202(c)(1) is recommended in the amount of **\$98.70 (\$26.32 X 125% = \$32.90 X 3 DOS).**

CPT code 99080-C date of service 10-28-04 denied with denial code "C/100, 113-001" (negotiated contract price. Any network reduction is in accordance with the network referenced above. Network import re-pricing-contracted provider). The requestor did not submit any documentation to refute a negotiated contract. No reimbursement recommended.

CPT code 95851 date of service 10-29-04 denied with denial code "G/509" (unbundling. Correct coding initiative bundle guidelines indicate this code is a comprehensive component of another code on the same day). Per Rule 133.304(c) and 134.202(a)(4) the carrier did not specify which code 95851 was global to. Reimbursement per Rule 134.202(c)(1) is recommended in the amount of **\$24.88 (\$19.90 X 125%).**

This Findings and Decision is hereby issued this 26<sup>th</sup> day of April 2005.

Medical Dispute Resolution Officer  
Medical Review Division

### **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 04-27-04 through 10-29-04 totaling **\$3,476.25** 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 Order is hereby issued this 26<sup>th</sup> day of April 2005.

Medical Necessity Team Manager  
Medical Review Division

Enclosure: IRO Decision

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

**REVISED 4/25/05**

TWCC Case Number:	
MDR Tracking Number:	M5-05-1708-01
Name of Patient:	
Name of URA/Payer:	Integra Specialty Group
Name of Provider: (ER, Hospital, or Other Facility)	Integra Specialty Group
Name of Physician: (Treating or Requesting)	Robert E. Murphy, DC

April 15, 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 neck and shoulder injury while during her duties of employment she was lifting a box of oil up to shoulder level on \_\_\_\_\_. She presented initially to Care Now minor emergency center and was placed on light duty and physical therapy for two weeks. She indicates that neck pain became worse during second week of therapy. She was later seen by a Dr. Durbin on 11/24/03 where she was diagnosed with cervical and right shoulder strain and given medications. The patient was also seen by a neurosurgeon, Dr. Acosta who recommended epidural steroid injections and placed her on a home exercise program. No surgery is indicated at this time. The patient is seen on 01/31/04 by a Dale Allen, MD, with a diagnosis of acute cervical sprain, supraspinatus tendonitis, mild impingement syndrome, and cervical disc degeneration. MRI of the right shoulder was significant for rotator cuff tendonopathy and partial supraspinatus tendon tear. MRI of the cervical spine was significant for central disc protrusion at C5/6 with small focal disc bulging at C2/3, C3/4 and C7. The patient underwent designated doctor evaluation on 03/08/04 with a Byron Strain, MD, indicating that she was positive for right shoulder rotator cuff impingement and cervical sprain, and had not yet reached MMI for these conditions. The patient begins seeing a chiropractor, Robert Murphy, DC, on 04/28/04 and undergoes multiple ROM/Muscle tests, passive and active therapy applications (approx. 8 sessions). Available documentation does suggest that patient's neck and shoulder conditions progressively improve with this treatment intervention. The patient appears to be approved for a work hardening program to begin on 06/30/04.

#### REQUESTED SERVICE(S)

Determine medical necessity for 97032 electric stimulation, 97140 manual therapy, 99204 & 99213 office visit(s), 95851 ROM testing, 96004 physician review and interpretation CMPT, 97110 therapeutic exercise, 97012 neuromuscular reeducation, 95833 muscle testing - whole body for dates in dispute 04/28/04 thru 05/19/04.

## DECISION

Approved.

### RATIONALE/BASIS FOR DECISION

Medical necessity for these tests and therapeutic services (04/28/04 through 05/19/04) **are generally supported** by available documentation. Office visit evaluation and management as well as strength and ROM testing are essential components in establishing an appropriate therapeutic treatment plan and baseline of functional deficits. The eight (8) conservative treatment sessions contained in this dispute do not appear unusually excessive or inappropriate for compensable injuries of this nature, and do appear to be within established clinical treatment guidelines.

#### References:

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Harris GR, Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" [Journal of Family Practice](#), Dec, 2002.
3. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.
4. Scholten-Peeters GG, Bekkering GE, Verhagen AP: Clinical practice guideline for the physiotherapy of patients with cervical spine - associated disorders. *Spine* 2002 Feb 15; 27(4): 412-22.
5. Hammer, W.I. Functional Soft Tissue Examination and Treatment By Manual Methods: The Extremities. Gaithersburg, Maryland 1990; Aspen publishers.
6. Carson, W.G. "Rehabilitation of the Shoulder." *Clin in Sports Med.* 1989; 8:657-689.

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.