

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 02-25-05.

The IRO reviewed muscle testing-extremity, range of motion, manual therapy technique, massage therapy, therapeutic exercises, unusual travel, office visits, chiropractic manipulative treatment-spinal and neuromuscular re-education rendered from 04-08-04 through 06-28-04 that were denied based upon "V".

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

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 03-29-05, 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 codes 99211, 97140, 97124 and 99082 date of service 05-04-04, codes 99213, 98940, 97140, 97124, 97112 and 99082 date of service 05-11-04 and code 99082 date of service 05-28-04 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 dates of service 05-04-04 and 05-11-04 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. 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.

Review of CPT code 97124 date of service 05-27-04 revealed that an EOB was submitted, however, no explanation code was noted on the EOB. Per Rule 133.304(c) "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)." Reimbursement is recommended in the amount of **\$28.40 (\$22.72 X 125%)**.

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 date of service 05-27-04 totaling **\$28.40** 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 26th day of April 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision



7600 Chevy Chase, Suite 400
Austin, Texas 78752
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NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 18, 2005

To The Attention Of: TWCC
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-16091

RE: Injured Worker:
MDR Tracking #: M5-05-1780-01
IRO Certificate #: 5242

Forté 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 Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed 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 Chiropractic reviewer who has an ADL certification. The reviewer 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 for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Statement letter
- Daily notes
- Patient progress summaries
- Documentation from the treating surgeon
- Treatment schedule

Submitted by Respondent:

- Table of disputed services
- Peer review
- Notice of refused or disputed claim
- HCFAs
- EOBs
- Cover sheets

Clinical History

According to the supplied documentation, the claimant sustained an injury on ___ when she slipped and fell during the normal course of her work. The claimant underwent chiropractic therapy. An MRI performed on 1/10/97 showed no abnormalities. The claimant was assigned a whole person impairment of 15% on 4/30/97. The claimant continued chiropractic therapy. The claimant began seeing Robert Henderson, M.D. on 12/13/99. Dr. Henderson performed an anterior lumbar interbody fusion on 6/29/00. The claimant underwent post surgical rehabilitation. On 5/2/01 Dr. Henderson reported the claimant had an impairment rating of 24% and stated the claimant was ready to return to the workforce. On 8/11/03 Jack Ford, M.D. evaluated the claimant and prescribed medications. On 10/27/03 Dr. Ford saw the claimant again and the claimant reported that her pain was still a 9/10 with radicular symptoms. On 2/11/04 the claimant was seen by Dr. Henderson who performed radiofrequency rhizolysis to the posterior rami at levels L4 through S1. The claimant began therapy on 4/8/04 that lasted through 6/28/04. The documentation ends here.

Requested Service(s)

95831 muscle testing – extremity, 95851 range of motion, 97140 manual therapy technique, 97124 massage therapy, 97110 therapeutic exercises, 99082 unusual travel, 99211 office visit, 99213 office visit, 98940 chiropractic manipulative treatment – spinal, 97112 neuromuscular re-education for dates of service 4/8/04 through 6/28/04

Decision

I agree with the carrier that the services in dispute were not medically necessary.

Rationale/Basis for Decision

According to the supplied documentation, the claimant sustained an injury on ___ to her lumbar spine. The claimant underwent an extensive amount of therapy from 1996 through 2000 where it appears that conservative therapy failed and a surgical procedure was deemed necessary. After the surgery was performed, the limited documentation reveals that the claimant continued her aggressive conservative therapy. The documentation essentially jumps to the beginning of 2004 when the disputed services are in question. There is no objective documentation supplied that would support the 24 sessions of therapy that were rendered. The claimant had been seen consistently from 1996 through 2004 with ongoing chiropractic therapy that would include many forms of passive and active modalities. After her procedure was performed on 2/11/04, there is no rationale for an additional 24 sessions of therapy. Continued and ongoing therapy under doctor supervision is not seen as reasonable or necessary in association with the injury that occurred on ___. A home based exercise program, in which the claimant should be well versed after 8 continuous years of chiropractic therapy, should have been implemented and would have been more reasonable in the treatment of her case. The treating chiropractor in this case could not provide any objective documentation that would support the therapy that was rendered.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 18th day of April 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder