

MDR Tracking #M5-05-1983-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-15-05.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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

The IRO reviewed office visits, therapeutic exercises, ultrasound, massage and manual therapy technique that were denied by the carrier for medical necessity.

The office visits on 8-9-04 and 8-20-04 and 3 units of therapeutic exercises on all dates of service **were found** to be medically necessary. The remaining office visits, additional units of therapeutic exercises, ultrasound, massage and manual therapy technique **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. The amount due the requestor for the medical necessity issues is \$708.60.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute 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 5-3-05 the Medical Review Division submitted a Notice to the 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 G0283 on 8-9-04, 8-11-04, 8-13-04, 8-16-04 and 8-19-04 was denied by the carrier as "01-the charge for the procedure exceeds the amount indicated in the fee schedule." 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 accordance with Medicare program reimbursement methodologies in the amount of \$67.05.**

CPT code 97012 on 8-11-04 was denied by the carrier as "01-the charge for the procedure exceeds the amount indicated in the fee schedule." 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 accordance with Medicare program reimbursement methodologies in the amount of \$17.91.**

3 units of CPT code 97110 on 8-9-04, 8-11-04, 8-13-04, 8-16-04, 8-19-04 and 8-20-04 were denied by the carrier as "01-the charge for the procedure exceeds the amount indicated in the fee schedule."

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section 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 has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy.

**Reimbursement not recommended.**

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 \$793.56 from 8-9-04 through 8-20-04 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 27<sup>th</sup> day of May, 2005

Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

May 23, 2005

TWCC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient: \_\_\_\_  
TWCC #: \_\_\_\_  
MDR Tracking #: M5-05-1983-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered 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.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

The records reviewed indicate that Ms. \_\_\_\_ was injured at work on \_\_\_\_\_. She injured her shoulder at this time. She measured 5'2" and weighs 174 pounds. The MRI of 6/21/04 indicates a hypertrophic degenerative changes of the AC joint yielding impingement and a linear intrasubstance tear of the supraspinatus tendon near the insertion. Dr. Garcia's notes of 8/3/04 indicate she was given a 0% IR by an unknown doctor. He indicates his disagreement with this assessment and doesn't feel the patient is at MMI. The 11/12/04 note by Dr. Garcia indicates she has been assigned a 5% IR by Dr. Morales.

#### RECORDS REVIEWED

Records were requested from the requestor, respondent and treating doctor. Records were received from the requestor. These records include the following: TWCC 60 with attachments, 9/22/04 request for reconsideration by Valley Spine Medical Center, initial medical report of 7/26/04, 6/21/04 MRI of the left shoulder, SOAP notes from 8/9/04 through 8/20/04, rehab notes from 8/2/04 through 8/20/04, notes by Pete Garcia MD from 08/03/04 through 2/18/05, various TWCC 62's and HICFA 1500's covering the dates of service in question.

#### DISPUTED SERVICES

The services under dispute include the following: 99212, 97110, 97035, 97124 and 97140 from 8/9/04 through 8/20/04.

## DECISION

The reviewer disagrees with the previous adverse determination regarding 3 units of 97110 on all dates of service and 99212 on (8/9/04 and 8/20/04).

The reviewer agrees with the previous adverse determination regarding all remaining services.

## BASIS FOR THE DECISION

As per the Table of Disputed Services, submitted by TWCC there are only three units of 97110, which are reviewable as medical necessity issues. The other three are fee issues. The records reviewed indicate that the injured worker was improving during the active therapies. It is the reviewer's opinion that the passive therapies were not medically necessary during the time in question. The injured worker was already 10 weeks out from injury and it is not apparent via the medical records attached that they helped her increase functionality, return to or retain employment or reduce pain. The pain question could not be answered, as the SOAP notes do not contain any information on the patient's pain scales.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO  
CC: Specialty IRO Medical Director