

MDR Tracking #M5-05-2023-01

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. The dispute was received on 3-16-05.

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: 3-8-04 through 3-15-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of 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.

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 chiropractic manipulation-spinal, ultrasound, therapeutic exercises, mechanical traction, electrical stimulation-unattended and manual therapy that were denied for medical necessity from 4-5-04 through 11-19-04.

The chiropractic manipulation-spinal, therapeutic exercises and manual therapy that were denied for medical necessity from 4-5-04 through 11-19-04 **were found** to be medically necessary. The ultrasound, mechanical traction and electrical stimulation-unattended that were denied for medical necessity from 4-5-04 through 11-19-04 **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 \$2,281.55.

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 4-6-05 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.

Regarding CPT codes 98940, 97035, 99213, 97140 and G0283 on 3-18-04: Neither the carrier nor the requestor provided timely EOB's. The requestor submitted convincing evidence of carrier receipt of provider's request for EOB's in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B). **Recommend reimbursement as follows:**

CPT code 98940 - \$31.35 MAR  
CPT code 97035 - \$14.81 MAR  
CPT code 99213 - \$50.00 (The amount billed by the requestor.)  
CPT code 97140 - \$30.90 MAR  
CPT code G0283 - \$13.41 MAR

Regarding CPT code 97110 on 3-18-04: 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 \$2,422.02 from 3-18-04 through 11-19-04 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 8<sup>th</sup> day of June, 2005.

Medical Dispute Resolution Officer  
Medical Review Division  
Enclosure: IRO decision

May 31, 2005

Rosalinda Lopez  
Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5-05-2023-01  
TWCC#:  
Injured Employee: \_\_\_\_\_  
DOI: \_\_\_\_\_  
SS#: \_\_\_\_\_  
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is licensed in chiropractic, and is currently on the TWCC Approved Doctor List.

Sincerely,

Gilbert Prud'homme  
General Counsel

GP:thh

**REVIEWER'S REPORT**  
**M5-05-2023-01**

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**Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

Letter of medical necessity

Physical therapy notes 04/22/03 – 04/20/05

Information provided by Respondent:

Designated doctor reviews

Information from Orthopedist:

Office notes 05/06/02 – 09/29/04

**Clinical History:**

The records indicate that the patient was initially injured on the job on \_\_\_\_\_. He ended up seeking chiropractic care for his injuries and underwent an intense treatment program. In addition he was managed with non-steroidal and muscle relaxant medication. He did receive epidural steroid injections and the use of a TENS unit.

Eventually, on 04/05/00 he had an MRI scan, which revealed an L5 herniated disc. In approximately May 2000 he received an IDET procedure, which helped him for about 2 years. He occasionally does see his doctor for chiropractic care 1-3 times per month. In 2002 he received a significant increase in pain and discomfort, and some of his activities gave him pain. He was sent for an independent medical evaluation on 05/14/03. The doctor also indicated that he would authorize an annuloplasty procedure to help this gentleman. The procedure was performed, and the patient had an aggressive rehabilitation, which are the services that are currently being disputed.

**Disputed Services:**

Chiropractic manipulation-spinal, ultrasound, therapeutic exercises, mechanical traction, electrical stimulation-unattended and manual therapy during the period of 04/05/04 through 11/19/04.

**Decision:**

The reviewer partially disagrees with the determination of the insurance carrier and is of the opinion that chiropractic manipulations-spinal, therapeutic exercises and manual therapy from 04/05/04 through 11/19/04 were medically necessary. Ultrasound, mechanical traction and electrical stimulation-unattended was not medically necessary in this case.

**Rationale:**

National treatment guidelines allow for this type of treatment for this type of injury. Very sufficient documentation was provided to clinically justify the chiropractic manipulation-spinal, therapeutic exercises, and manual therapy during the period of 04/05/04 through 11/19/04. There is not clinical justification or appropriate documentation to warrant the use of ultrasound, mechanical traction, or electro-stimulation during these dates of services.