

MDR Tracking Number: M5-05-2126-01

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 3-30-05.

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 office visits, neuromuscular re-education, therapeutic activities, manual therapy technique, therapeutic exercises, group therapy procedures and muscle testing from 11-3-04 through 1-10-05.

The office visits, neuromuscular re-education, therapeutic activities, manual therapy technique, therapeutic exercises, group therapy procedures and muscle testing from 11-3-04 through 12-14-05 **were found** to be medically necessary. The office visits, neuromuscular re-education, therapeutic activities, manual therapy technique, therapeutic exercises, group therapy procedures and muscle testing from 12-16-04 through 1-10-05 **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 \$4,375.52.

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 4-28-05 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 99203 on 10-15-04 was denied as "N - Not appropriately documented." Requestor did submit relevant documentation to support service rendered per Rule 133.307(g)(3)(B). **Recommend reimbursement of \$123.98.**

CPT code 73130 on 10-15-04 was denied as "N-Not appropriately documented." Requestor did not submit relevant documentation to support service rendered per Rule 133.307(g)(3)(B). **Recommend no reimbursement.**

CPT code 99243 on 10-15-04 was denied as "N-Not appropriately documented." Requestor did submit relevant documentation to support service rendered per Rule 133.307(g)(3)(B). **Recommend reimbursement of \$155.75.**

CPT code 99212 on 10-18-04, 10-19-04, 10-20-04, 10-21-04 was denied as "N-Not appropriately documented." Requestor did submit relevant documentation to support service rendered per Rule 133.307(g)(3)(B). **Recommend reimbursement of \$195.96.**

CPT code 97112-GP on 10-18-04, 10-19-04, 10-20-04 and 10-21-04 was denied as "G - Unbundling (included in Global)." Per Ingenix Encoder Pro this CPT code is mutually exclusive to CPT code 97150. There was no documentation to indicate that this was a distinct procedural service utilizing modifier -59. **Recommend no reimbursement.**

CPT code 97140-GP on 10-18-04, 10-19-04, 10-20-04, 10-21-04 was denied as "G - Unbundling (included in Global)." Per Ingenix Encoder Pro this CPT code is mutually exclusive to CPT code 97150. There was no documentation to indicate that this was a distinct procedural service utilizing modifier -59. **Recommend no reimbursement.**

CPT code 97110-GP on 10-18-04, 10-19-04, 10-20-04, 10-21-04 was denied as "G - Unbundling (included in Global)." Per Ingenix Encoder Pro this CPT code is mutually exclusive to CPT code 97150. There was no documentation to indicate that this was a distinct procedural service utilizing modifier -59. **Recommend no reimbursement.**

CPT code 97150 on 10-18-04, 10-19-04, 10-20-04 and 10-21-04 was denied as "N-Not appropriately documented." Per Ingenix Encoder Pro, "The clinician supervises group activities. The need for skilled intervention must be documented." Requestor did not submit relevant documentation to support service rendered per Rule 133.307(g)(3)(B). **Recommend no reimbursement.**

This Finding and Decision is hereby issued this 10th day of June 2005.
Medical Dispute Resolution Officer
Medical Review Division

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 \$4,851.21 from 10-15-04 through 12-14-04 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 Order is hereby issued this 10th day of June 2005.

Manager, Medical Necessity Team
Medical Dispute Resolution
Medical Review Division

Enclosure: IRO decision

May 31, 2005

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

Re: Medical Dispute Resolution
MDR #: M5-05-2126-01
TWCC#:
Injured Employee: ____
DOI:
SS#:
IRO Certificate No.: IRO 5055

Dear ____:

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
M5-05-2126-01

Information Provided for Review:

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

Information provided by Requestor:

Letter of medical necessity and therapy notes 10/15/04 – 01/10/05
FCE 10/27/04

Information provided by Respondent:

Designated doctor review

Information from Pain Management Specialist:

Office notes 12/22/04 – 03/25/05
Procedure reports 10/27/04 – 03/29/05

Clinical History:

The records indicate that the patient suffered a work-related injury to her hand on _____. She was treated with surgical intervention to the left hand on 09/15/04 in which she had repair of tendon damage to the left hand. She continued to have problems and requested change of her treating doctor. She was seen on 10/15/04 by another doctor. Thorough evaluation was performed and an aggressive treatment program was begun. Appropriate diagnostic testing and referrals were made. This therapy program and post surgical rehabilitation is the subject of dispute.

Disputed Services:

Office visits, neuromuscular re-education, therapeutic activities, manual therapy technique, therapeutic exercises, group therapy procedures and muscle testing during the period of 11/03/04 through 01/10/05

Decision:

The reviewer partially disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above from 11/03/04 through 12/14/04 were medically necessary. The treatment and services in dispute from 12/16/04 through 01/10/05 were not medically necessary in this case.

Rationale:

National treatment guidelines allow for this type of treatment for this type of injury, however, not to the duration and intensity this patient received. Usually accepted throughout the profession is approximately 6-8 weeks of post-surgical rehabilitation and therapy in injuries of this nature. For each date of service, there is sufficient documentation to clinically justify the treatment that was rendered. However, subjectively the patient received only minimal response throughout the course of treatment. Therefore, all treatment rendered from 10/15/04 through 12/14/04 was, in fact, reasonable, usual, and customary and medically necessary for the treatment of this patient's on-the-job injury. Treatment rendered from 12/16/04 through 01/10/05 was not medically necessary for the treatment of this patient's on-the-job injury.