

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 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(q)(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.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The disputed office visits, FCEs, work hardening/conditioning, joint mobilization, myofascial release and therapeutic procedures were determined by the IRO to be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Finding and Decision is hereby issued this 26th day of February 2003.

Noel L. Beavers  
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 in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 9/11/01 through 11/28/01.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 26<sup>th</sup> day of February 2003.

David R. Martinez, Manager  
Medical Dispute Resolution  
Medical Review Division

DRM/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

December 30, 2002

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0275-01  
IRO Certificate #: 4326

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

\_\_\_ has performed an independent review of the rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care.

\_\_\_ health care professional 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.

Clinical History

This 46 year old male sustained a work-related injury on \_\_\_ when he fell 8 ft and landed on a metal rod that penetrated his right buttock and went 11 inches into his pelvic cavity. Surgery was performed at \_\_\_ where he was hospitalized for 8 days. The patient was subsequently treated at \_\_\_ for approximately 4 days. His diagnoses include injury to bladder and urethra with open wound into cavity, pelvic myalgia and myositis, open buttock wound and muscle spasms. From 09/11/01 through 10/28/01, the patient received chiropractic services that included work hardening/conditioning, functional capacity evaluations (FCE), office visits, joint mobilization, myofascial release and therapeutic procedures.

### Requested Service(s)

Chiropractic services from 09/11/01 through 10/28/01 that included office visits, FCEs, work hardening/conditioning, joint mobilization, myofascial release and therapeutic procedures.

### Decision

It has been determined that the chiropractic services from 09/11/01 through 10/28/01, that included work hardening/conditioning, functional capacity evaluations (FCE), office visits, joint mobilization, myofascial release and therapeutic procedures, were medically necessary.

### Rationale/Basis for Decision

The FCEs, office visits, joint mobilization, myofascial release, therapeutic procedures and work hardening were medically necessary based on the documentation of the mechanism and extent of the patient's injuries, as well as TWCC Medical Fee Guidelines (1996) page 37. The patient was severely injured on the job and required reconditioning for the "heavy duty" classification; he was unable to function in both static and dynamic lifting task, which were required task for his job as a construction worker; and he did not have any conditions that prohibited his participation in the program. According to the first FCE, his classification was "light" and after treatment he progressed to the "very heavy" classification. Upon completion of his treatment, the patient was released at maximum medical improvement on 11/06/01 with a 5% impairment that allowed him to return to work with lifting classification of "very heavy". Therefore, the chiropractic services from 09/11/01 through 10/28/01, that included work hardening/conditioning, functional capacity evaluations (FCE), office visits, joint mobilization, myofascial release and therapeutic procedures, were medically necessary.

Sincerely,