

MDR Tracking Number: M5-03-0475-01

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 office visits and therapeutic procedures were found to be medically necessary. The special reports were not deemed medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits and therapeutic procedure charges.

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 dates of service 4/3/02 through 8/1/02 in this dispute.

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 25th day of April 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

February 3, 2003

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___ 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 ___ 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 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 Doctor of Chiropractic. The ___ 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 ___ 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

___, a 46 year old female, injured her lower back while working as a teacher for ___ on ___. Mechanism of injury was described as lifting a folding table and moving it from one end of the room to another, resulting in severe low back pain. The following weekend, she attended the emergency room where she was given an injection for pain and apparently subsequently sought care from her primary care physician. She finally presented for chiropractic care to ___, PA on 9/28/01. She apparently received conservative care including physiotherapeutic modalities, progressing to an aquatics based exercise program with additional therapeutic activities.

Diagnostically, she had a MRI the lumbar spine performed on 10/6/01. This reveals disc degeneration at L5/S1 without any other abnormality. MRI of the right knee on 10/6/01 reveals a grade III tear of the posterior horn of the medial meniscus with slight increase in joint effusion.

A nerve conduction velocity and somatosensory evoked potential suggested a bilateral S1 nerve root impairment, with the lower nerve conduction velocity study suggestive of mild tarsal tunnel entrapment of the posterior tibial on the left, right segmental S1 neuropathy and possibility of left S1 central neuropathy.

She was prescribed Flexoril and Celebrex medications. She had a designated doctor appointment on and 4/26/02, at which time she was determined not to be at MMI.

Some of the provided services have been denied for lack of medical necessity, and these have been referred for medical dispute resolution purposes through the IRO process.

Documentation supporting the case for medical necessity is limited to three reexamination reports dated 3/18/02, 4/22/02 7/9/02. Soap notes are also provided for 4/3/02 and 4/22/02. There is also the cover letter and TWCC 69 form from the designated doctor's appointment, (no report attached).

DISPUTED SERVICES

Office Visits, Therapeutic Procedures and Special Reports are denied as unnecessary medical treatment from April 3, 2002 through August 1, 2002.

DECISION

The reviewer disagrees with the prior adverse determination regarding office visits and therapeutic procedures.

The reviewer agrees with the prior determination with reference to special reports due to a lack of documentation.

BASIS FOR THE DECISION

The patient had been entered into a therapeutic exercise program, with some improvement noted between the two exams of 3/18/02 and 4/22/02. Although determination of the medical necessity of singular individual dates of service without the context of the overall treatment process is impractical, I can find no reason as to why this date of service has been singled out as medically not necessary as it appeared to be part of an overall treatment plan.

The date of service for an expanded office visit on 7/9/02 has also been likewise singularly identified as "not medically necessary". This appears to be a reassessment of the patient's condition, and although demonstrates a deterioration in the subjective reporting as well as objective physical exam findings, again I can find no reason for it being medically unnecessary in the context of the material provided.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

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

___ is forwarding this finding by US Postal Service to the TWCC.