

MDR Tracking Number: M5-03-0478-01

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 disputed therapeutic procedures, office visits, aquatic therapy, phonophoresis, physical medicine supplies, ultrasound, special reports, psychological services with reports, preparation of psychological reports, diagnostic psychological services, diagnostic psychological interview and chronic pain management were found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Finding and Decision is hereby issued this 28th 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 dates of service 2/13/02 through 7/11/02.

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 4<sup>th</sup> day of March 2003.

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

February 21, 2003

MDR Tracking #: M5 03 0478 01  
IRO #: 5251

\_\_\_ 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

\_\_\_ was injured on her job when 2 students accidentally knocked her to the ground, causing an injury to her right shoulder, neck, mid-back, low back, right hip and right knee. She began seeing \_\_\_ about 1 week later. She received very extensive treatment for several months and eventually had surgery to the right shoulder in January of 2002. She began treatment again with the clinic about 6 weeks afterward and underwent a Chronic Pain Management program beginning in June of 2002. The requestor in this case presents extensive documentation to justify the treatment, including psychological analysis performed by a Ph.D. in psychology.

#### DISPUTED SERVICES

Therapeutic procedures, office visits, aquatic therapy, phonophoresis, physical medicine supplies, ultrasound, special reports, psychological services with reports, preparation of psychological reports, diagnostic psychological services, diagnostic psychological interview and chronic pain management were denied as medically unnecessary.

## DECISION

The reviewer disagrees with the prior adverse determination.

### BASIS FOR THE DECISION

Certainly, there is concern that there is a large amount of care rendered on this case which could be considered under normal conditions to be overutilization. However, on the disputes in question the treating doctor was following acceptable protocol by rehabilitating the surgical procedure which was used to treat this patient's injury. The combination of active and passive care for this injury was reasonably used in an attempt to return this patient to the workplace. As with many cases which are drawn out over a long period of time, the patient apparently became depressed. There was ample documentation to demonstrate that not only was she depressed, she responded to the therapy rendered by the doctors in charge of her case. There was no peer review or other documentation by the carrier to refuse the authenticity of the documentation presented on this case. As a result, the care is clearly something that would be considered reasonable in this case.

\_\_\_ 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.

Sincerely,