

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-2264.M5

MDR Tracking Number: M5-03-0761-01

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 **or January 1, 2003** 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The requestor has withdrawn all services in dispute for 3/18/02. 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 physical therapy and office visits with manipulations were found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Decision is hereby issued this 3rd day of January 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 3/19/02 through 5/6/02 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 3rd day of January 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 11, 2002

Requester/ Respondent Address : Rosalinda Lopez
TWCC
4000 South IH-35, MS-48
Austin, Texas 78704-7491

RE: MDR Tracking #: M5-03-0761-01
IRO Certificate #: 5242

___ 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 proposed 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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 20-year-old female alleged an injury to the right shoulder and neck when she was lifting a bag of two 3-liter bottles of Coke while working at ___. The claimant received treatment initially from company doctor at ___ where she was treated with prescription medications. On

February 7, 2002 she consulted with the chiropractor for evaluation and treatment for her injuries. His treatment consisted of chiropractic manipulation, joint mobilization with various physiotherapy modalities and therapeutic exercises. The claimant was determined at maximum medical improvement on May 8, 2002 with 2% whole person impairment by the chiropractor. It does appear that a physical therapy program was completed.

The medical records are consistent with a diagnosis of cervical sprain/strain, right rotator cuff sprain/strain, and radiculitis of the upper extremity. It would seem that extensive treatment has been completed as well as participation in a home exercise program. The claimant does not appear to have a history of previous injury or pre-existing condition.

Requested Service(s)

Please review and address the medical necessity of the outpatient services rendered 3/19/2002-5/6/2002.

Decision

I disagree with the insurance carrier and find that the procedures were medically necessary.

Rationale/Basis for Decision

Low Volt Electrical Muscle Stimulation (CPT 97032) speeds wound healing and decreases edema. Myofascial Therapy (CPT 97250) mechanically assist the flow of blood and lymph to increase circulation and reduce edema, maintains muscle flexibility and viability, and breaks up scar tissue, adhesions and fibrosis. Joint Mobilization (CPT 97265) improves joint mobility or decrease joint pain by restoring accessory movements to the joint and thus allowing full non-restricted, pain-free range of motion. Therapeutic Exercises (CPT 97110) techniques used for reconditioning the injured areas. Therapeutic Activity (97530) direct patient contact with the provider using dynamic activities to improve functional performance, such as strength and range of motion for functional activity. Neuromuscular Re-Education (CPT 97112) re-education of movement, balance, coordination, kinesthetic sense, posture, range of motion and flexibility. It is my opinion that the claimant did suffer a soft tissue injury to the cervical spine and right shoulder and the above procedures were medically necessary for the claimant to attain maximum medical improvement. Current treatment standard allows up to 3 months of conservative treatment for a soft tissue injury such as the one suffered by the claimant. Additional treatment beyond this time frame should be justified in writing by report of additional new or complex findings.

This decision by the IRO is deemed to be a TWCC decision and order.