

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 amount payable for the services found medically necessary do not exceed the amount due for those service found not medically necessary. Therefore, the Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission hereby **Declines to Order** the respondent to refund the requestor 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 were found to be medically necessary. The aluminum adjustable underarm crutch, lumbar range of motion testing, Dynatron testing, analgesic balm, Delorme muscle testing, joint mobilization, myofascial release, therapeutic exercises, group therapy procedure and electrical stimulation were found not medically necessary. The respondent raised no other reasons for denying reimbursement.

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 11/27/01 through 6/26/02.

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 26th day of February 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

January 14, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M5 03 0963 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 who is board certified in Chiropractic Orthopedics. 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

The patient was injured on the job on \_\_\_. The patient was treated actively from June 6, 2001 through October of 2002 with chiropractic care and physical medicine. The patient appeared to be treated on a monthly basis from November 27, 2001 through April 18, 2002. Beginning May 7, 2002 the patient began another round of intensive chiropractic care, PT and rehab which lasted until June 26, 2002.

#### DISPUTED SERVICES

The carrier is disputing office visits, aluminum adjustable crutches, TWCC 73 forms, lumbar range of motion, dynatron, analgesic balm, Delorme muscle testing, joint mobilization, myofascial release, therapeutic exercises, group therapy procedures and electrical stimulation from November 27, 2001 through June 26, 2002.

## DECISION

The reviewer disagrees with the prior adverse determination regarding office visit codes 99213 and 99211 from November 27, 2001 through June 26, 2002.

The reviewer agrees with the prior adverse determination on all other treatment rendered.

## BASIS FOR THE DECISION

Based on the information I received the documentation did not meet the criteria for standards of care for the patient's condition under the Mercy Conference guidelines. The patient is entitled to medical management and should be given the opportunity to see the treating doctor for evaluation and management of his 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 \_\_\_, 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,