

MDR Tracking Number: M5-03-0970-01

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 exercises were found to be 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 3/22/02 through 4/18/02.

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 1st day of April 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

March 18, 2003

Re: Medical Dispute Resolution  
MDR #: M5-03-0970-01

Dear

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Chiropractic Medicine.

Clinical History:

This male patient injured his back and right shoulder on \_\_\_. A lumbar MRI on 01/23/02 revealed an L-2 herniation with impingement.

Disputed Services:

Therapeutic exercise from 03/22/02 through 04/18/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the therapy in question was medically necessary.

Rationale for Decision:

This patient has had a positive lumbar MRI with follow-up or second opinion by two medical doctors, one being a neurosurgeon, making therapeutic exercise an appropriate, conservative and timely course of treatment.

The treatment plan consisted of stretching, strengthening, range of motion exercises, cardiovascular fitness, body mechanics with posture and lifting activity modifications, and return-to-work FEC in three to four weeks following. This therapy program has been given conservatively with 30 minutes per session for a three-week period. Progressive range of motion and exercise as a conservative treatment option, as compared to surgery, is appropriate in this case.

References:

North American Spine Society (NASS); 2000, *Guidelines*

Department of Veterans Affairs (U.S.); 1999 May, *Guidelines*

Clinical practice experience and professional judgment.

I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,