

MDR Tracking Number: M5-03-1016-01

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, electric stimulation, neuromuscular re-education and myofascial release were found to be medically necessary. The office visit dated 5/14/02 was found to not be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visit, electric stimulation, neuromuscular re-education and myofascial release 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 5/14/02 through 5/23/02 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 June 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

March 11, 2003

Re: Medical Dispute Resolution
MDR #: M5.03.1016.01

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 certified in Chiropractic Medicine.

Clinical History:

This female claimant injured her left knee, hip and back on her job on ___. MRI's indicated significant positive findings. Treatment in the form of medications, injections, as well as chiropractic passive and active therapy was undertaken. The patient was treated and released at MMI with a 5% permanent impairment rating.

On occasion, the patient would experience a flare-up of her condition and pain, at which times she would seek medical attention. Such was the case on 05/04/02. Based upon the findings of the exam on that date, the treating doctor recommended six visits, including office visits, manipulation, electric muscle stimulation, neuromuscular re-education, and myofascial release.

Disputed Services:

Electric stimulation, neuromuscular re-education, myofascial release, and office visits from 05/14/02 through 05/23/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that the office visits, procedures and treatments in question were medically necessary in this case, with one exception. All services except for the 99213 code on 05/14/02, were medically necessary for the treatment of this patient.

Rationale for Decision:

The extended office visit (99214) on 05/14/02, in conjunction with an office visit (99213), was not usual, reasonable, customary, or medically necessary in this case.

The reasons to treat the patient's flare-up of her condition and pain with electric stimulation, neuromuscular re-education and myofascial release were clearly outlined in the doctor's report.

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,