

MDR Tracking Number: M5-03-1026-01

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 \$650.00** 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 office visits, therapeutic procedures, massage therapy, ultrasound therapy, electrical stimulation and diathermy 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 7/24/02 through 8/26/02.

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 9th day of April 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

April 4, 2003

Re: Medical Dispute Resolution
MDR #: M5.03.1026.01

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 Orthopedic Surgery.

Clinical History:

This 42-year-old male claimant injured his head, neck and back, suffering face, scalp and ear lacerations. Following a maxillofacial CT, an auricular hematoma of his right ear was treated by incision and drainage on two occasions. He did finally require a definitive incision and drainage procedure under local anesthesia on 06/07/02. The maxillofacial CT showed no fractures.

A lumbar spine MRI and electrodiagnostic testing revealed bilateral C-6 radiculopathy and bilateral S-1 nerve root radiculopathy. He was treated with Medrol Dosepak, pain medication, muscle relaxants and physical therapy. An orthopedic surgeon determined that it was appropriate to continue conservative management, including physical therapy.

Disputed Services:

Office visits, therapeutic procedure, massage therapy, ultrasound therapy, electrical stimulation, and diathermy from 07/24/02 through 08/26/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the office visits, procedures and therapy as listed above were medically necessary in this case.

Rationale for Decision:

This patient had significant injuries of his head, neck and lower back that responded favorably, although slowly, to conservative treatment that included physical therapy and medication. Evaluations reflect that she achieved maximum medical improvement on 10/04/02, approximately six weeks after the last physical therapy visit in question, obviously making the physical therapy carried out was entirely appropriate.

I am the Secretary and General Counsel of ___ and 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,