

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

SOAH DOCKET NO. 453-03-3858.M5

MDR Tracking Number: M5-03-1149-01

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, physical therapy, range of motion and muscle testing rendered from 3/12/02 through 4/8/02 were found to be medically necessary. The office visits, physical therapy, range of motion and muscle testing rendered after 4/8/02 (through 6/25/02) were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits, physical therapy, range of motion and muscle testing charges.

This Finding and Decision is hereby issued this 2nd day of June 2003.

Carol R. Lawrence
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 3/12/03 through 6/25/02 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 2nd day of June 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 26, 2003

Re: IRO Case # M5-03-1149-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment was not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

The patient was injured on ___ while pushing a dump cart when a piece of wood stopped the cart and pushed it backwards, causing a twisting of the patient's neck and right shoulder. She soon began acute therapy to the injured areas. Surgery to the right shoulder was performed 7/9/02.

Requested Service(s)

Office Visits, physical therapy, range of motion testing, muscle testing 3/12/02-6/25/02

Decision

I disagree with the carrier's decision to deny the requested chiropractic care 3/12/02 – 4/8/02. I agree with the carrier's decision to deny the requested chiropractic care after 4/8/02.

Rationale

According to the 1995 Chiropractic Physiotherapy and Rehabilitation Guidelines, a patient is in the chronic stage of treatment after the patient is beyond 12 weeks from the date of injury. Twelve weeks from this patient's date of injury would be ___. According to these accepted guidelines, the treating doctor's treatment program was medically reasonable and necessary. However, beyond the 12 weeks, the patient's treatment fell into a chronic stage in which additional referrals or ancillary treatments are necessary if outcomes have not been met. The doctor did refer the patient to a surgeon who eventually performed surgery to the right shoulder. In short all treatment from 3/12/02 to 4/8/02n was reasonable and necessary. When outcomes had not been met 12 weeks after the injury, the treatment program should have been discontinued and it was appropriate to refer the patient for another approach.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,
