

MDR Tracking Number: M5-03-1178-01

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 **or January 1, 2003** 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(r)(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that **medical necessity was not the only issue** to be resolved; however, date of service 1-25-02 with no EOB was withdrawn. The office visits, physical therapy, and special reports were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these charges.

The above Findings and Decision are hereby issued this 16th day of May 2003.

Dee Z. Torres
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 1-21-02 through 7-17-02 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 16th day of May 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dzt

May 19, 2003

**NOTICE OF INDEPENDENT REVIEW DECISION
Corrected Letter**

RE: MDR Tracking #: M5-03-1178-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on ___. The patient reported that while at work as a forklift driver, his forklift collided with another larger forklift, causing injury to his right shoulder. Initially, the patient complained of only shoulder pain and did not seek medical help until several months later when he noticed a large mass on his right shoulder. The patient then underwent surgery to remove the mass. The patient had an MRI that showed possible supraspinatus tendon sprain and a possible biceps tendon origin sprain. The patient was then referred for an orthopedic evaluation. The patient continued to complain of pain in the shoulder and cervical areas. The patient underwent an EMG 1/24/02 that showed C5 radiculopathy chronic and moderate to severe. The patient was treated with physical therapy, work hardening, and injections into the AC joint and subacromial bursa of the right shoulder.

Requested Services

Office visits, physical therapy, and special reports from 1/21/02 through 7/17/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that the patient sustained a work related injury on ____. The ___ chiropractor reviewer also noted that the patient underwent surgery on his shoulder due to this injury. The ___ chiropractor reviewer further noted that the patient was treated with physical therapy, work hardening and injections into the AC joint. The ___ chiropractor reviewer explained that the treatment from 1/21/02 through 7/17/02 was reasonable and medically necessary. The ___ chiropractor reviewer also explained that this patient was followed with appropriate medical care given the injury and symptoms. Therefore, the ___ chiropractor consultant concluded that the office visits, physical therapy and special reports from 1/21/02 through 7/17/02 were medically necessary to treat this patient's condition.

Sincerely,

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