

MDR Tracking Number: M5-03-1382-01

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, special reports and physical therapy were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits, special reports and physical therapy 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 8/20/02 through 10/1/02 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 28th day of May 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

May 21, 2003

Re: MDR #: M5-03-1382-01
IRO Certificate No.: 5055

___ 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 cervical spine and left shoulder in a work-related accident on ____. She is a chronic patient who had a moderate exacerbation of her injury and symptomatology. Additional testing revealed significant positive findings.

Disputed Services:

Special reports, physical therapy, and office visits during the period of 08/20/02 through 10/01/02.

Decision:

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

Rationale for Decision:

Once the patient's exacerbation of her original on-the-job injury and symptomatology occurred, additional treatment was warranted and needed, as well as additional diagnostic testing performed that showed significant positive findings. Each date of service has sufficient documentation indicating subjective symptoms, objective findings, assessment, and plan of treatment for this patient's exacerbation of her injury. All services were reasonable, usual, customary, and medically necessary for this patient's treatment. It is not uncommon in chronic injuries of this nature for the patient to sustain exacerbations of symptomatology and require some sort of treatment and case management at various intervals.

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,