

MDR Tracking Number: M5-03-1566-01

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, massage therapy, electrical stimulation, physical medicine procedures, therapeutic procedure and special services were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these charges: office visits, massage therapy, electrical stimulation, physical medicine procedures, therapeutic procedure and special services.

This Finding and Decision is hereby issued this 16<sup>th</sup> day of May 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 10/10/02 through 11/19/02 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 16<sup>th</sup> day of May 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/cl

## NOTICE OF INDEPENDENT REVIEW DECISION

May 8, 2003

MDR Tracking #: M5-03-1566-01  
IRO Certificate #: IRO4326

The \_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_'s health care professional has signed a certification statement stating 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 the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This patient sustained a work-related injury on \_\_\_ when she fell on her right side, injuring her right shoulder, neck, mid-back, low back, right hip, and right knee. An MRI performed on 04/21/01 revealed mild to moderate impingement, and focal tenosynovitis with partial tear of the supraspinatus tendon. Cervical MRI imaging performed on 05/12/01 revealed posterior osteophyte on the right side at C5-6 causing mild lateral recess stenosis on the right with mild encroachment on the thecal sac. Right shoulder surgery was performed on 01/07/02. The patient underwent chiropractic applications applied from 10/10/02 through 11/19/02 that included office visits; massage therapy, electrical stimulation, physical medicine procedures, therapeutic procedure, and special services.

### Requested Service(s)

Office visits, massage therapy, electrical stimulation, physical medicine procedures, therapeutic procedure, and special services provided from 10/10/02 through 11/19/02.

### Decision

It is determined that the office visits, massage therapy, electrical stimulation, physical medicine procedures, therapeutic procedure, and special services provided from 10/10/02 through 11/19/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient had no prior history of conservative applications that included manual/mechanical therapy prior to the 10/10/02 evaluation by the chiropractor. In the 10/10/02 examination, range of motion deficits were noted over the cervical spine, right elbow, right shoulder, and lumbar spine. Due to the mechanism of injury, presence of cervical stenosis, post surgical status, and age, the patient shows a strong predisposition for chronic pain. It is appropriate to implement passive therapeutics that focus on a return to activity for this patient. It is standard practice among rehabilitation professionals to direct the patient through rehabilitation efforts with a steadily increasing active, patient-driven focus. The medial record documentation substantiates that the treating chiropractors were directing the patient to increasingly active therapeutics in the treatment applied from 10/10/02 through 11/19/02.

Therefore, the office visits, massage therapy, electrical stimulation, physical medicine procedures, therapeutic procedure, and special services provided from 10/10/02 through 11/19/02 were medically necessary.

Sincerely,