

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 total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare; therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 ten office visits and two units only of therapeutic activities 97110 from 3-8-02 through 4-5-02 were found to be medically necessary. The other treatment/services 3-8-02 through 7-9-02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services charges.

The above Findings and Decision are hereby issued this 25<sup>th</sup> day of June 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 3-8-02 through 7-9-02 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 25<sup>th</sup> day of June 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/dzt

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** June 23, 2003

**RE: MDR Tracking #:** M5-03-1568-01  
**IRO Certificate #:** 5242

\_\_\_ 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 proposed 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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**

According to the documentation submitted, the alleged injury occurred on \_\_\_ when the claimant strained his low back while lifting a manhole cover. The claimant complained low back pain and of pain in his left hip and left leg. The claimant received 6 to 8 weeks of physiotherapy and was then in jail/prison for the next two years. As of 03/08/2002 the claimant continued to complain of low back, left hip, and left leg pain. Over the following six weeks the claimant underwent passive and active physiotherapy under the direction of \_\_\_.

### **Requested Service(s)**

The medical necessity of the office visits, myofascial release, joint mobilization, neuromuscular re-education, therapeutic (kinetic) activities, manual traction, neuromuscular stimulator, LSO lumbo-sacral elastic support, miscellaneous durable medical equipment supplies, and supplies from doctor's office rendered to the claimant from 03-08-02 through 07-09-02.

## **Decision**

The 10 office visits with manipulations that were conducted by \_\_\_ from 03/08/2002 through 04/05/2002 appear medically reasonable and necessary given the claimant's presentation as of 03/08/2002. However, there is no documentation that supports the level 99205 initial examination. According to the documentation, a level 99203 examination was conducted by \_\_\_ on 03/08/2002. The therapeutic activities (97110) conducted over the 10 visits from 03/08/2002 through 04/05/2002 were also within good medical reason and necessity, but only 2 units of these activities per visit would have been necessary given the single region of injury. The office visits and therapeutic activities conducted between 04/05/2002 and 07/09/2002 were not medically necessary. The myofascial release, joint mobilization, neuromuscular re-education, manual traction, LSO lumbosacral elastic support, the TENS unit rental, and the extra TENS pads utilized between 03/08/2002 and 07/09/2002 were not medically necessary.

## **Rationale/Basis for Decision**

As of \_\_\_ the claimant's injury was 14 months old. Due to the chronic nature of the claimant's complaints, a 4-week trial of joint manipulation coupled with active rehabilitation was a reasonable and necessary approach to try and reduce the claimant's symptoms and improve his functional status. After the initial 4-week trial, the documentation offered no information indicating objective improvement in the claimant's condition. Therefore, continued care beyond 04/05/2002 was not justified or medically necessary.

The myofascial release, joint mobilization, and manual traction were not medically necessary because they are passive activities and should only be used during the initial 4 weeks post-injury.

The neuromuscular re-education was not medically necessary because as of 03/08/2002, there was no objective evidence of neuromuscular dysfunction.

The neuromuscular stimulator and the extra replacement pads were not medically necessary because they too are a passive modality and should not be used beyond 4 weeks post-injury. In fact, it is widely known that the use of such modalities to treat chronic conditions prevents patient independence and most often results in unfavorable outcomes.

The LSO lumbosacral support was not medically necessary because there is no objective evidence in the presented documentation of any lumbosacral joint instability.