

MDR Tracking Number: M5-03-1674-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General 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. This dispute was received on 3-11-02.

The IRO reviewed office visits and physical therapy services rendered from 4-10-02 through 6-27-02 that were denied based upon “V”.

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

The IRO concluded that office visits and physical therapy services rendered from 4-10-02 through 4-17-02 were not medically necessary. The IRO concluded that office visits and physical therapy services rendered from 4-30-02 through 6-27-02 were medically necessary.

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees. 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.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services, (97545, 97546, 99213, rendered on 3-13-02 through 4-3-02, and 7-1-02 through 7-3-02), that were denied without an EOB denial code that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On September 11, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The requestor did not comply with Rule 133.307(g)(3)(B) and submit medical records to support fee dispute; therefore, no reimbursement is recommended.

This Decision is hereby issued this 19<sup>th</sup> day of December 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

**ORDER.**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 3-13-02 through 7-3-02 in this dispute.

This Order is hereby issued this 19<sup>th</sup> day of December 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

September 8, 2003

**Re: IRO Case # M5-03-1674-01**

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, Rule133.308 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 IROs, 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 who is licensed by the State of Texas, and who had been admitted to the TWCC Approved Doctor List. 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 determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

#### History

The patient injured both wrists on \_\_\_\_. She was treated with physical therapy and chiropractic treatment for months prior to surgery on her right hand on 11/2/01, and on her left hand on 4/30/02. She had post-operative therapy after both surgeries.

#### Requested Service(s)

Office visits, myofascial release, joint mobilization, electrical stimulation, therapeutic procedure 4/10/02 – 6/27/02

#### Decision

I agree with the carrier's decision to deny the requested treatment prior to 4/30/02 (4/10/02, 4/17/02).

I disagree with the decision to deny the requested post-operative therapy after 4/30/02 (5/29/02-6/27/02).

#### Rationale

Treatment prior to the patient's 4/30 surgery was ineffective in relieving symptoms or improving function, and surgery was inevitable. The documentation presented for this review failed to support the necessity of treatment on those dates.

The patient's condition warranted four to six weeks of post-surgical rehabilitation.

The treatment after 4/30 was necessary, appropriate and reasonable, and the documentation provided supported it. The documentation showed slow but steady relief of symptoms and improved function for the dates 5/28 – 7/3/02. The patient's pain scale improved from 7/10 at the start of her rehabilitation on 5/28 to 1/10 as of her last documented visit on 7/3/02. Massage therapy, resistive exercises and physical therapy were necessary and appropriate treatment post operatively. The documentation showed objective, quantifiable findings to support treatment.

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

Sincerely,