

MDR Tracking Number: M5-03-1802-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 03-27-03. In accordance with Rule 133.307(d)(1) A dispute on a carrier shall be considered timely if it is filed with the division no later than one year after the dates of service in dispute therefore dates of service 11-29-01 through 03-26-02 in dispute are considered untimely and will not be address in this review.

The Medical Review Division has reviewed the IRO decision and determined that the requestor did not prevail on office visit for date of service 01-29-03. However **the requestor prevailed** on the issues of medical necessity for chiropractic treatment including office visits with manipulations, myofascial release, therapeutic activities, therapeutic procedures, electrical stimulation, and ultrasound for 03-27-03 and 08-12-02 through 01-15-03. 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 the only issue** to be resolved. Chiropractic treatment including office visits with manipulations; myofascial release, therapeutic activities, therapeutic procedures, electrical stimulation, and ultrasound were found to be medically necessary for dates of service 03-27-02 and 08-12-02 through 01-15-03. The respondent raised no other reasons for denying reimbursement.

This Findings and Decision is hereby issued this 15th day of June 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

GR/gr

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 03-27-02 and 08-12-02 through 01-15-03 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 15th day of June 2004

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/gr

IRO Certificate #4599

Corrected NOTICE OF INDEPENDENT REVIEW DECISION

July 18, 2003

Re: IRO Case # M5-03-1802

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 physician who is Board Certified in Neurological Surgery. 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 is a 50-year-old male who on ___ was in a motor vehicle accident and had immediate neck and left shoulder pain. Chiropractic treatments and epidural steroid injections were helpful, but aquatic therapy apparently increased the patient's difficulty. On 4/8/02 an anterior cervical discectomy and fusion at three levels was performed. The patient continued therapy postoperatively for months after the surgery. This therapy was directed at continued shoulder discomfort, and the patient had shoulder surgery on 1/21/03.

Requested Service(s)

Chiropractic treatments 3/27/02, 8/12/02 – 1/29/03

Decision

I disagree with the carrier's decision to deny the requested treatment, except for the services on 1/29/03. I agree with the decision to deny the services on 1/29/03.

Rationale

The disputed treatments were condoned by the surgeon involved in this case, and it apparently maintained the patient with a level of comfort that was tolerable as he awaited surgery. The cervical surgery did not relieve the patient's discomfort related to the shoulder trouble. The disputed treatments appear to be reasonable and not excessive. I agree with the denial of services on 1/29/03 because eight days after surgery was too early to begin chiropractic treatment.

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

Sincerely,