

MDR Tracking Number: M5-03-1974-01

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 April 14, 2003.

The IRO reviewed therapeutic exercises, massage therapy, special supplies, range of motion, hot or cold packs, electrical stimulation rendered from 8/5/02-8/12/02, 8/26/02 and 8/27/02 denied based upon "U".

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(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** 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 not the only issue** to be resolved. The therapeutic exercises, massage therapy, special supplies, range of motion, hot or cold packs and electrical stimulation from 8/5/02-8/12/02, 8/26/02 and 8/27/02 were found to be medically necessary. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Reference	Rationale
8/12/02	97014	\$19.00	\$0.00	O	\$15.00	MFG, Medicine Ground Rule (I)(A)(9)(a)(ii), (I)(A)(10)(a-b)	Both the requester and the respondent did not submit copies of the original denials. Therefore the charges in dispute will be reviewed according the <u>Medical Fee Guideline</u> . A Notice requesting two copies of additional documentation was faxed to the requestor on
8/16/02	97124	\$36.00	\$0.00	O	\$28.00		
8/16/02	97010	\$14.00	\$0.00	O	\$11.00		
8/16/02	97014	\$19.00	\$0.00	O	\$15.00		
8/19/02	97010	\$14.00	\$0.00	O	\$11.00		
8/19/02	97014	\$19.00	\$0.00	O	\$15.00		
8/19/02	99070	\$21.00	\$0.00	O	\$21.00		
8/21/02	97124	\$36.00	\$0.00	O	\$28.00		
8/21/02	97010	\$14.00	\$0.00	O	\$11.00		

8/21/02	97014	\$19.00	\$0.00	O	\$15.00		faxed to the requestor on 6/24/03. The requestor did not provide the commission with documentation to support delivery of service. Therefore, the requestor is not entitled to reimbursement of the disputed charges.
TOTAL		\$211.00	\$0.00		\$156.00		The requestor is not entitled to reimbursement of the disputed charges.

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 8/5/02 through 8/12/02, 8/26/02 and 8/27/02 in this dispute.

This Order is hereby issued this 18th day of December 2003.

Margaret Q. Ojeda
 Medical Dispute Resolution Officer
 Medical Review Division

MQO/mqo

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 18, 2003

Re: IRO Case # M5-03-1974

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 sustained an injury to “multiple body parts” on ___. The primary pain was in her neck and shoulders. An MRI of the cervical spine on 7/19/01 suggested a central disk herniation at C5-6. Despite physical therapy, the patient’s pain continued. A 9/20/02 cervical myelogram showed spondylotic C5-6 changes with bilateral foraminal narrowing. The patient continued with pain in her shoulder primarily, with some neck spasms. Physical therapy was ordered to try to relieve the patient’s problem. An anterior cervical discectomy and fusion was carried out in late 2002.

Requested Service(s)

Therapeutic exercises, massage therapy, special supplies, range of motion, hot or cold packs, electrical stimulation 8/5-8/12/02, 8/26/02, 8/27/02

Decision

I disagree with the carrier’s decision to deny the requested treatment.

Rationale

It was appropriate to pursue physical therapy 2 to 3 times per week for three weeks to try to relieve the patient’s problem and avoid surgery. Ultimately, the patient needed surgery, but it was reasonable and necessary to attempt providing relief with physical therapy.

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

Sincerely,
