

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-4442.M5**

MDR Tracking Number: M5-03-2004-01

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, joint mobilization, therapeutic activity, sensory testing, ROM testing, physical performance test and NCV with H-wave and F-wave were found to be medically necessary. The manual traction was not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits, joint mobilization, therapeutic activity, sensory testing, ROM testing, physical performance test and NCV with H-wave and F-wave charges.

This Finding and Decision is hereby issued this 10th day of July 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 5/28/02 through 7/12/02 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 10th day of July 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

July 2, 2003

MDR #: M5-03-2004-01
IRO#: 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This female claimant sustained an injury to her shoulder and knee when she fell at work on ___. She has had a number of active and passive therapies, diagnostic tests, exercise, and referral to an orthopedic surgeon, who performed five Hyalgan injections.

Disputed Services:

During the period of 05/28/02 through 07/12/02:

- office visits
- joint mobilization
- myofascial release
- manual traction
- therapeutic exercises
- sense nerve conduction
- computer data analysis
- range of motion testing
- muscle testing
- motor nerve conduction & somatosensory testing
- H/F reflex study.

Decision & Rationale:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer has determined the medical necessity of the treatment and testing in this case as follows:

Office Visits (99213), 05/28/02, 07/11/02, 07/12/02 - **MEDICALLY NECESSARY**. This patient had a number of problems requiring decision making for treatment and referrals. It is generally accepted that the treating physician is in a better position to determine proper treatment and/or referral, and to address questions presented by the injured employee. The office visits appear to be within the generally accepted guidelines for an individual with these types of problems.

Joint Mobilization (97265), Myofascial Release (97250) on 05/28/02 – **MEDICALLY NECESSARY**. Based on the patient's number of problems, symptoms and objective findings, these procedures appear to be within generally accepted guidelines for this injury.

Traction (97122), 05/28/02 – **NOT MEDICALLY NECESSARY**. Based on the patient's symptoms and objective findings, this procedure appears to provide a duplication therapeutic application of the joint mobilization and myofascial release.

Therapeutic Activity (97110), 05/28/02, 07/11/02, 07/12/02 – **MEDICALLY NECESSARY**. Based on the patient's number of problems, symptoms and objective findings, these activities appear to be within the generally accepted guidelines.

Sensory Testing (95904-WP), 05/28/02 – **MEDICALLY NECESSARY**. This a re-exam where the results were normal. This patient was previously examined with this same test on 04/26/02, that was an abnormal study, thus indicating an improvement.

Computer Data Analysis (99090) 06/24/02, 06/25/02, 07/08/02 – **NOT MEDICALLY NECESSARY**. No reports provided for review.

Range of Motion Study (95851), 06/24/02, 07/08/02 – Study on 06/24/02 **MEDICALLY NECESSARY**, Study on 07/08/02 **NOT MEDICALLY NECESSARY**. The June study demonstrated improvement over the previous exam. The July study was not provided for review. It was, perhaps, too soon to follow the June study and should have been done at least 4-6 weeks later.

Physical Performance Test (97750-MT), 06/25/02 – **MEDICALLY NECESSARY**. Again, this is a re-examination from a previous study which shows improvement over the previous study dated 04/18/02.

Nerve Conduction Studies with H-wave and F-wave (95900-27, 05904-27, 95925-27, 95935-27), 07/12/02 – **MEDICALLY NECESSARY**. This is a comprehensive nerve conduction test of the lower extremities. Based on the patient's symptoms and examination findings, it is felt that this test was appropriate.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,