

MDR Tracking Number: M5-03-2073-01

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 w/manipulations; joint mobilization, myofascial release, eo elastic w/stays, therapeutic procedure, and physical medicine treatment were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits and therapy charges.

This Finding and Decision is hereby issued this 30<sup>th</sup> 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 8/23/02 through 1/15/03 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 30<sup>th</sup> day of July 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/crl

July 16, 2003

IRO Certificate# 5259

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An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_.

#### CLINICAL HISTORY

Patient presented with severe neck pain, right shoulder and right forearm pain. She described the pain as a 6-7 on a 0-10 scale and that it was worse at times.

#### REQUESTED SERVICE (S)

Medical necessity of the care given between the dates of 8/23/02 - 01/15/03

#### DECISION

Reverse prior decision – the care is justified as medically necessary.

#### RATIONALE/BASIS FOR DECISION

The rating of severe pain stated by the patient as well as the current evidence of an underlying pathology in the right shoulder which required surgery are sufficient to justify the medical necessity of the longer recovery time for this patient.

Utilizing the "Guidelines for Chiropractic Quality Assurance and Practice Parameters" as a reference, according to Chapter 8, section VI – Recommendations, sub-section A – Long and Short Range Treatment Planning, item 2 – Typical Severity of Symptoms, the patient having severe pain can extend recovery time up to twice as long as normal. Also item 4- Injury Superimposed on Pre-existing Condition(s), states that an underlying structural pathology may increase recovery time by 1.5 to 2 times longer than normal.

The *Guidelines for Chiropractic Quality Assurance and Practice Parameters* are considered to be the best guidelines currently available according to the June 2003 edition of *JMPT*, volume 26, number 5, "An Independent Assessment of Chiropractic Practice Guidelines."