

MDR: Tracking Number M5-03-2077-01

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 chiropractic treatments from 4/22/02 through 8/23/02 were found to be medically necessary. The chiropractic treatments from 8/24/02 through 10/1/02 were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement for these chiropractic treatments from 4/22/02 through 8/23/02 charges.

This Finding and Decision is hereby issued this 15th 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 4/22/02 through 10/1/02 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 15th day of July 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

July 8, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2077-01
IRO Certificate No.: 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.

Brief Clinical History:

On ___ this female claimant reported pain and a tingling sensation across her right and left wrists, forearm and elbow regions while performing job-related repetitive duties. She initially received passive treatments during the first few weeks following her injury.

She presented to another treating physician on 03/08/02 for a comprehensive examination and x-rays. The patient continued to experience ongoing problems that necessitated additional diagnostic testing in the form of EMG. Diagnostic testing was performed, and an aggressive active therapy program was performed. Surgical intervention was performed on 05/23/02, and post-surgical rehabilitation was completed.

Disputed Services:

Chiropractic treatments from 04/22/02 through 10/01/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that chiropractic treatment was medically necessary from 04/22/02 through 08/23/02. Chiropractic treatment from 08/24/02 through 10/01/02 was not medically necessary in this case.

Rationale:

All treatment prior to surgical intervention on 05/23/02 was reasonable, usual, customary and medically necessary for the treatment of this patient's injury. Surgery was performed on 05/23/02. There was a one-month recovery prior to the initiation of a post-surgical rehabilitation program, and two months of post-surgical rehabilitation lasting from 06/23/02 through 08/23/02.

National treatment guidelines allow for up to two months of post-surgical rehabilitation unless there is some extraordinary reason requiring more treatment. Review of the records provided indicates that two months of post-surgical rehabilitation was sufficient for the recovery of this patient from surgery. Treatment rendered after 08/23/02 was not customary or medically necessary.

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,