

MDR: Tracking Number M5-03-2081-01

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 \$450.00** 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 therapeutic exercise (97110) was found to be medically necessary. The neuromuscular re-education (97112) was not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these therapeutic exercise charges.

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 from 4/29/02 to 5/30/02 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 30<sup>th</sup> day of July 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

July 25, 2003

Re: Medical Dispute Resolution  
MDR #: M5-03-2081-01  
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.

**Clinical History:**

This 32-year-old gentleman injured his lumbar region in a work-related accident on\_\_\_.

**Disputed Services:**

Physical therapy treatments and neuromuscular re-education rendered from 05/20/02 through 05/30/02.

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that the therapeutic exercise (97110) from 04/29/02 through 05/30/02, for a total of nine (9) sessions, was medically necessary. Neuromuscular re-education (97112) from 04/29/02 through 05/30/02, for a total of nine (9) sessions, was not medically necessary.

**Rationale:**

The claimant had several physician referrals and diagnostic tests performed. The resulting treatment appears appropriate in response to the diagnostic testing performed. The end result of the treatment was that the claimant was released from future care and returned to work.

The Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters specifically states, "Statistical descriptors of treatment frequency, such as mean/median/mode, should not be used as a standard to judge care administered to an individual patient. The particular factor for each case will govern the course of recovery and the need to be part of the considerations in assessing clinical programs."

The documentation reviewed failed to support the medical necessity of neuromuscular re-education.

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,