

MDR Tracking Number: M5-03-2242-01

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, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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, myofascial release, therapeutic procedures, ROM, neuromuscular re-education and traction from 5/23/02 through 7/1/02 were found to be medically necessary. Joint mobilization, data analysis or travel expenses were not found to be medically necessary for all dates of service. All treatment/services rendered from 7/2/02 through 9/3/02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits, myofascial release, therapeutic procedures, ROM, neuromuscular re-education and traction (from 5/23/02 through 7/1/02) charges.

This Finding and Decision is hereby issued this 24<sup>th</sup> day of July 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer

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 5/23/02 through 9/3/02 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 24th day of July 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/cl

July 22, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

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\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

This patient was injured on the job when she was working in \_\_\_ at a very high rate and suffered a gradual onset of pain in the wrists and right elbow, as well as the cervical spine. She was diagnosed with Carpal Tunnel Syndrome as well as a cervical somatic dysfunction. NCV was negative for CTS. A Current Perception Threshold test was performed indicating a "very mild hypoesthetic condition" bilateral. MRI was negative as well. A peer review was performed on this file by \_\_\_ which was of a limited scope, according to records by the treating doctor. The actual report was not presented.

### DISPUTED SERVICES

The carrier has denied the medical necessity of office visits, joint mobilization, myofascial release, therapeutic procedures, range of motion testing, analysis of information, physical performance testing, unusual travel, reports and traction equipment from May 23, 2002 through September 3, 2002

### DECISION

The reviewer agrees with the adverse determination for all dates of service including July 2<sup>nd</sup> and after that point. The reviewer also agrees with the determination regarding the travel expenses as well as joint mobilization and data analysis for all dates of service.

The reviewer disagrees with the prior adverse determination regarding care from May 23<sup>rd</sup> through July 1<sup>st</sup>.

### BASIS FOR THE DECISION

The care rendered by the treating doctor was generally excessive on this case. Clearly, this patient was over treated. However, the care that was initially rendered did seem to help this patient. While this was generally a sprain/strain type of injury, the patient does seem to have responded to the care for about 5 weeks and, giving the patient the benefit of the doubt is reasonable at that point. Joint mobilization is a form of manipulation and the reviewer noted that the requestor billed for all areas under both the office visit and the joint mobilization codes. This would indicate a duplication of service which is unreasonable. Documentation does not support the extensive care after the date of July 1 and any care rendered after that date would not be considered reasonable. There is no documentation as to why travel charges are included, nor is any information available as to what data analysis was performed nor why. These would also not be considered reasonable.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,