

MDR Tracking Number: M5-03-2258-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General 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. This dispute was received on 05-09-03.

The IRO reviewed office visits, myofascial release, joint mobilization, therapeutic exercises, neuromuscular re-education, traction, and supplies and materials rendered from 05-21-02 through 12-23-02 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for office visits, myofascial release, joint mobilization, therapeutic exercises, neuromuscular re-education, traction, and supplies and materials for dates of service 05-21-02 through 06-06-02, 06-19-02, 06-21-02, 06-27-02 07-05-02 and 10-29-02 through 11-08-02, 12-19-02 and 12-23-02.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity for office visits, myofascial release, joint mobilization, therapeutic exercises, neuromuscular re-education, traction, and supplies and materials for dates of service 07-08-02 through 07-15-02, 07-17-02, 07-19-02, 07-24-02 and 07-26-02. Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees (\$3940.00). Therefore, upon receipt of this Order and in accordance with §133.308(r)(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 not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 08-14-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. The Medical Review Division is unable to review this dispute for fee issues. Relevant information was not submitted by the requestor in accordance with Rule 133.309 (g)(3) to confirm delivery of service for the fee component in this dispute. Therefore reimbursement is not recommended.

This Decision is hereby issued this 3rd day of June 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 07-08-02 through 07-15-02, 07-17-02, 07-19-02, 07-24-02, and 07-26-02 in this dispute.

This Order is hereby issued this 3rd day of June 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

August 5, 2003

AMENDED LETTER

MDR Tracking #: M5-03-2258-01
IRO Certificate #: IRO4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

Clinical History

This patient sustained an on the job injury on ___ to her right wrist, forearm, and elbow, during her job performing repetitive tasks. She saw a chiropractor for treatment and therapy. The course of conservative care was insufficient for symptom control and she underwent a right carpal tunnel release on 06/13/02.

Requested Service(s)

Myofascial release, office visits, joint mobilization, supplies and materials, therapeutic exercises, neuromuscular re-education, and traction for the following dates of service: 05/21/02 through 06/06/02, 06/19/02, 06/21/02, 06/27/02, 07/05/02 through 07/15/02, 07/17/02, 07/19/02, 07/24/02, 07/26/02, 10/29/02 through 11/08/02, 12/19/02 and 12/23/02.

Decision

It is determined that the myofascial release, office visits, joint mobilization, supplies and materials, therapeutic exercises, neuromuscular re-education, and traction for the following dates of service: 07/08/02 through 07/15/02, 07/17/02, 07/19/02, 07/24/02 and 07/26/02 were medically necessary to treat this patient's condition. However, the dates of 05/21/02 through 06/06/02, 06/19/02, 06/21/02, 06/27/02, 07/05/02 and 10/29/02 through 11/08/02, 12/19/02 and 12/23/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

There are no clinical notation or documentation within the medical record reviewed to represent the dates of service 05/21/02 through 07/05/02. Therefore, they cannot be deemed medically appropriate due to lack of information. However, the course of care represented by dates of service inclusive of 07/08/02 through 07/15/02, 07/17/02, 07/24/02 and 07/26/02 is adequately documented in the clinical record supplied. The said documentation represents a typical 12-week course of postoperative course of care to allow the patient to properly and completely rehabilitate injuries and recover from the surgical procedure. The 12-week course of post-surgical rehabilitation is consistent with generally accepted standards of care and practice within the chiropractic profession. Furthermore, it is obvious that the treating chiropractor adequately satisfied the documentational time requirements and established objectively that the patient continued to show objective progress through muscle testing, ranges of motion, and grip strength.

However, post-surgical rehabilitation beyond the typical 12-week period would require a larger burden of proof from the documentation. The provider continued to treat this patient beyond the typical 12-week course of care, and moreover, there is nothing in the clinical records to suggest that this patient had co-morbidities or factors that would be reasonably expected to complicate and delay recovery. Therefore, it is determined that the myofascial release, office visits, joint mobilization, supplies and materials, therapeutic exercises, neuromuscular re-education, and traction for the following dates of service: 07/08/02 through 07/15/02, 07/17/02, 07/19/02, 07/24/02 and 07/26/02 were medically necessary to treat this patient's condition. However, the dates of 05/21/02 through 06/06/02, 06/19/02, 06/21/02, 06/27/02, 07/05/02 and 10/29/02 through 11/08/02, 12/19/02 and 12/23/02 were not medically necessary to treat this patient's condition.

Sincerely,