

MDR Tracking Number: M5-03-2293-01

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, 2003 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 total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare; 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 medical records charge on 5-21-02 and the office visits on 5-23-02, 6-25-02, 7-30-02, 8-20-02, and 10-9-02 were found to be medically necessary. The office visits on 5-31-02 and 6-19-02 and the myofascial release, joint mobilization, electrical stimulation and diathermy from 5-21-02 to 10-15-02, work hardening from 8-26-02 to 9-20-02, and large cryopac and analgesic balm were not found to be medically necessary. The requestor withdrew the supply charge on 9-23-02 that was denied as global. The respondent raised no other reasons for denying reimbursement for these services 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 5-21-02 through 10-15-02 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 8th day of August 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

August 6, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-2293-01
IRO Certificate #: IRO4326

___ 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. ___'s 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 injury from a bump to her right shoulder and arm on ___ while employed as a line worker. She has undergone an extensive and prolonged course of chiropractic treatments and therapy, including a work hardening program.

Requested Service(s)

Medical records, office visit, myofascial release, joint mobilization, analgesic balm, electrical stimulation, diathermy, large cryopac, and work hardening from 05/21/02 through 10/15/02

Decision

It is determined that the medical records charge for 05/21/02 and the office visits on 05/23/02, 06/25/02, 07/30/02, 08/20/02, and 10/09/02 were medically necessary to treat this patient's condition. However, the office visits on 05/31/02 and 06/19/02, the myofascial release, joint mobilization, electrical stimulation, diathermy performed from 05/21/02 to 10/15/02, work hardening from 08/26/02 through 09/20/02, and large cryopac and analgesic balm were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The initial treatments consisted of office visits, joint mobilization, electrical stimulation, diathermy, myofascial release, and 1-2 hours of therapeutic exercises from 11/28/01 through 02/01/02. The care reverted to passive care through 06/19/02. The patient was involved in a work hardening program from 08/05/02 through 09/20/02.

The office visits on 05/23/02, 06/25/02, 07/30/02, 08/20/02, and 10/09/02 were medically necessary but the office visits on 05/31/02 and 06/19/02 were not. There was not an established need for more than one office visit per month at this stage of the patient's treatment.

The myofascial release, joint mobilization, electrical stimulation, diathermy performed from 05/21/02 to 10/15/02, work hardening from 08/26/02 through 09/20/02, and large cryopac and analgesic balm were not

medically as the patient had already been treated with passive modalities and was now 6 months or more after the date on injury.

The work hardening program from 08/26/02 through 09/20/02 was not medically necessary as the initial documentation revealed that the patient had no deficits with regard to sitting, standing, walking, crawling, kneeling, reaching, or stair climbing. The medical record revealed that the patient had essentially met her job required goals by her 08/23/02 evaluation date. The remaining minor strength deficits were amenable to management in a home exercise program or less intensive office program. Therefore, it is determined that the medical records charge for 05/21/02 and the office visits on 05/23/02, 06/25/02, 07/30/02, 08/20/02, and 10/09/02 were medically necessary. However, the office visits on 05/31/02 and 06/19/02, the myofascial release, joint mobilization, electrical stimulation, diathermy performed from 05/21/02 to 10/15/02, work hardening from 08/26/02 through 09/20/02, and large cryopac and analgesic balm were not medically necessary.

Sincerely,