

MDR Tracking Number: M5-03-2343-01

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 office visits with/without manipulation; acupuncture, required reports and electrical stimulation were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits and therapy 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 7/25/02 to 12/10/02 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 31st day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division
CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

July 29, 2003

MDR Tracking #: M5-03-2343-01
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. ___'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 a repetitive injury reported on ___. She worked on the computer 8-9 hours a day and developed pain and tingling in her right hand. She attended eight weeks of passive and active physical therapy with some relief of symptoms. She then saw a chiropractor and began acupuncture treatments. The patient had reached maximum medical improvement on 09/13/02 with impairment rating of 1%.

Requested Service(s)

Office visits, required reports, acupuncture, office visits with manipulation, and electrical stimulation from 08/02/02 through 12/10/02

Decision

It is determined that the office visits, required reports, acupuncture, office visits with manipulation, and electrical stimulation from 08/02/02 through 12/10/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient underwent an intensive treatment program which produced some benefit but she still continued to have recurring problems. She changed to another treating doctor who performed a thorough exam and adequately documented an ongoing problem. Although she had undergone a comprehensive and conservative treatment program, this new approach and application was significantly more effective in reducing pain and symptomatology. She went from a pain level scale of 6/10 to 1/10 in a short time and was able to resume work duties with minimal restrictions. Documented increase in range of motion, grip, pinch test, and recovery further proved her improvement.

Therefore, it is determined that the office visits, required reports, acupuncture, office visits with manipulation, and electrical stimulation from 08/02/02 through 12/10/02 were medically necessary.

Sincerely,