

MDR Tracking Number: M5-03-2347-01

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 05-20-02.

The IRO reviewed office visits office visits with manipulations, joint mobilization, myofascial release, physical medicine treatment, data analysis, range of motion testing, unusual travel, kinetic activities, and unlisted neurological service rendered from 06-12-02 through 02-20-03 that were denied based upon "U".

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 office visits with manipulations, joint mobilization, myofascial release, physical medicine treatment, data analysis, range of motion testing, unusual travel, kinetic activities, and unlisted neurological service rendered from 06-24-02 through 02-20-03. On this basis, the total amount recommended for reimbursement (\$783.00) 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.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for office visits office visits with manipulations, joint mobilization, myofascial release, physical medicine treatment, data analysis, range of motion testing, unusual travel, kinetic activities, and unlisted neurological service rendered from 06-12-02 through 06-17-02. 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 August 12, 2003, 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 following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
06-12-02	E1300	\$204.00	0.00	N	DOP	MFG DME GR (IX) (C)	Invoice submitted to support charges for 3 units of whirlpool. Recommended reimbursement \$55.60
TOTAL		\$204.00					The requestor is entitled to reimbursement of \$ 55.60

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 06-12-02 through 06-17-02 in this dispute.

This Decision is hereby issued this 18th day of February 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

**Amended Letter
Note:** Decision

August 5, 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 #: M5-03-2347-01
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 was lifting a heavy child and strained her low back while at work on ___. An MRI performed on 09/05/01 revealed a herniated disc at L5-S1 indenting the thecal sac at the nerve root. After conservative treatments including physical therapy, chiropractic care, anti-inflammatories, and epidural steroid injections, this patient underwent an intradiscal electrothermal therapy (IDET) on 09/28/02. She did not receive significant relief from this and continued chiropractic therapy.

Requested Service(s)

Office visits, office visits with manipulations, joint mobilization, myofascial release, physical medicine treatment, data analysis, range of motion testing, unusual travel, kinetic activities, and unlisted neurological service from 06/12/02 through 02/20/03

Decision

It is determined that the office visits, office visits with manipulations, joint mobilization, myofascial release, physical medicine treatment, data analysis, range of motion testing, unusual travel, kinetic activities, and unlisted neurological service from 06/12/02 through 06/17/02 were medically necessary to treat this patient's condition. However, the office visits, office visits with manipulations, joint mobilization, myofascial release, physical medicine treatments, data analysis, range of motion testing, unusual travel, kinetic activities, and unlisted neurological service from 06/24/02 through 02/20/03 were not medically necessary to treat this patient.

Rationale/Basis for Decision

For a therapeutic exercise program to be effective, it would be conducted at a regular interval several times per week with objectives and goals. The only resemblance to an active treatment program would be from 06/12/02 through 06/17/02. An active rehabilitation program consisting of office visits 2-5 times per week for 3-8 weeks would be considered customary and efficacious.

The IDET procedure was performed on 09/28/02 so any therapeutic activity, therapeutic exercise, myofascial release, joint mobilization, physical medicine treatments, office visits, office visits with manipulations, data analysis, range of motion testing, unusual travel, kinetic activities, and unlisted neurological services beyond the expected post-procedure 6-8 weeks would require additional supporting documentation. Therefore, it is determined that the office visits, office visits with manipulations, joint mobilization, myofascial release, physical medicine treatment data analysis, range of motion testing, unusual travel, kinetic activities, and unlisted neurological service from 06/12/02 through 06/17/02 were medically necessary to treat this patient's condition. However, the office visits, office visits with manipulations, joint mobilization, myofascial release, physical medicine treatments data analysis, range of motion testing, unusual travel, kinetic activities, and unlisted neurological service from 06/24/02 through 02/20/03 were not medically necessary to treat this patient.

Sincerely,