

MDR Tracking Number: M5-03-2368-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 5-22-03.

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(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 the only issue** to be resolved. The nerve conduction velocity studies, somatosensory testing, H&F reflex study, office visits, physical medicine, joint mobilization, myofascial release, special reports, muscle testing, x-rays, range of motion testing, physical performance tests, work hardening program, functional capacity exam, and conductive paste were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services. The requestor submitted a letter of withdrawal for dates of service 10-16-02 (unlisted neurological procedure) and 11-25-02 (physical performance test).

The above Findings and Decision are hereby issued this 28th day of August 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

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 9-27-02 through 3-3-03 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 28th day of August 2003.

Judy Bruce, Director
Medical Dispute Resolution
Medical Review Division

JB/dzt

August 4, 2003

Amended August 22, 2003

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

MDR Tracking #	M5-03-2368-01
IRO #	5251

___ 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.

The independent review was performed by a matched peer with the treating doctor. 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

___ is a 55-year-old male who was injured on the job on ___ while employed at ___. His injury occurred when he was hit and pinned by a forklift. He was treated at the E.R. and followed up with a company doctor. He underwent four weeks of physical medicine with the company doctor, followed by office visits. His work-related injuries include his left leg, lumbar spine and bilateral heel pain. ___ first saw this patient on 9/27/02. He underwent ESI on the left knee on 4/22/02 and was determined to be at MMI on 10/26/02.

DISPUTED SERVICES

Under dispute is the medical necessity of physical medical services and office visits for the following dates of service:

9/27/02, 9/30/02, 10/1/02, 10/3/02, 10/4/02, 10/7/02 through 10/11/02, 10/14/02 through 10/17/02, 10/22/02 through 10/25/02, 10/28/02, 10/30/02, 11/1/02, 11/4/02 through 11/6/02, 11/11/02 through 11/13/02, 11/15/02, 11/18/02, 11/20/02 through 11/22/02, 11/25/02, 11/27/02, 11/29/02, 12/2/02 through 12/6/02, 12/9/02, 12/11/02 through 12/13/02, 12/16/02 through 12/20/02, 12/24/02, 12/26/02, 12/27/02, 12/30/02, 12/31/02, 1/2/03, 1/3/03, 1/6/03 through 1/10/03, 1/13/03 through 1/17/03, 1/21/03 through 1/24/03, 1/30/03, 2/5/03, 3/3/03.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Based on the supplied documentation, ___ work-related injuries had not been appropriately addressed prior to seeing ___. The reviewer finds that the work-related injury of ___ re-injured this patient's lumbar spine. ___ stated in his 8/2/02 report that the patient's post-laminectomy syndrome and radicular symptoms were aggravated by his ___ injury.

The care rendered by ___ falls within the parameters set forth in the Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters, a 1994 T.C.A. publication. The reviewer finds that the care rendered by ___, including physical medicine and office visits, were reasonable and necessary to enhance the ability of ___ to return to work and maintain his position as a productive employee.

With regards to the request for an amended decision for 10/9/02 (95900-27, 95904-27, 95925-27, 95935-27) and 10/24/02 (99214), in review of the documentation, the reviewer finds that the NCV performed on 10/9/02 and the 99214 office visit on 10/24/02 were reasonable and medically necessary.

___ low back injury had not been appropriately addressed until he saw ___. In ___ 10/9/02 note he stated that the patient only experienced minimal decrease in paresthesia and he was referring him for a nerve conduction study to determine if there was any neurological compromise. The reviewer finds that this baseline study was appropriate to determine the existence of any neurological defects. The re-exam on 10/24/02 consisted on neurosensory evaluation and orthopedic testing. It is necessary for the treating doctor to perform a re-exam of the patient periodically to determine if improvement has occurred. ___ stated that improvement had occurred, however there was still room for improvement. The patient was responding to the treatment that ___ provided and his treatment was reasonable and not excessive.

___ 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,