

MDR Tracking Number: M5-03-2377-01

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 5/23/03.

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 office visits with manipulations, radiographic exams, ultrasound, myofascial release and spray & stretch were found to be medically necessary. The joint mobilization for each date of service was not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for office visits with manipulations, radiographic exams, ultrasound, myofascial release and spray & stretch.

This Finding and Decision is hereby issued this 25th day of August 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer

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 8/27/02 through 11/7/02 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 25th day of August 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/crl

August 5, 2003

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IRO Certificate# 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

Based on materials provided for review, it appears that this patient experienced a work related injury when she fell from a chair and the chair then fell on her on or about _____. She began experiencing left hip pain, leg pain, and numbness/tingling to the left lower extremity after the fall. She was seen initially at the _____ where she was evaluated, received medications and was then released. The patient later presented to her chiropractor, _____, where she received x-rays, manipulation, and physical therapy. She was referred to an orthopedist, _____, on 9/24/02 where she was diagnosed with trochantric bursitis, neuritis, neuralgia, and lumbar myalgia/myofascitis. _____ provided medications and injections with recommendations for continued therapy and rehab with _____. Chiropractic notes suggest that the patient reaches MMI as of 11/7/02. No significant lost work time is noted.

REQUESTED SERVICE (S)

Medical necessity of radiographic exams, ultrasound, joint mobilization, office visits w/manipulation, myofascial release, and spray & stretch 8/27/02 through 11/7/02.

DECISION

Approve request with exception of 97265 joint mobilization for each date of service.

RATIONALE/BASIS FOR DECISION

Chiropractic records indicate that this patient attended eleven (11) sessions of treatment for these disorders from 8/27/02 to 11/7/02. This certainly does not appear to be excessive given the nature of conditions reported, and it is supported by orthopedic

recommendation and peer review of 2/27/03. The majority of care rendered does appear to be reasonable and medically necessary for the resolution of these reported injuries.

However, the treating chiropractor does appear to utilize some services that present as duplicative. The 99213-MP E/M service performed by doctors of chiropractic in the Texas Worker's Compensation System generally includes a physical evaluation component as well as a management component, which includes manipulation or mobilization unless otherwise distinguished. On multiple treatment sessions from 8/27/02 through 11/7/02, the chiropractor provided manipulation (-MP modifies), mobilization (97265), and myofascial release (97250), to the same area effecting essentially the same tissues and structures. No appropriate modifier is used to distinguish these similar manual therapies from the primary procedure performed, as the management component of service. This appears to be a duplication of same and similar services, and is not supported by clinical rationale for conditions described. There is no appropriate medical necessity for the combination of these services as provided. As defined, chiropractic manipulation does not include mobilization through the pre-loaded or pre-physiological joint space whether joint cavitation is achieved or not. The doctor does not distinguish or identify separate areas treated by either manipulation or mobilization. Therefore, there is not sufficient documentation to support 97265 joint mobilizations provided for each date of service.

[TWCC Spine Treatment Guidelines, AHCPH Low Back Treatment Guidelines, GCQAPP Mercy Center Consensus Conference, RAND Low Back Pain Consensus Panel]

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, and additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review.

This review and its findings are based solely on submitted materials. No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned claimant. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.