

MDR Tracking Number: M5-03-2526-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 17, 2001 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(r)(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; myofascial release, electrical stimulation, physical medicine treatment, ultrasound therapy and impairment rating were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits, myofascial release, electrical stimulation, physical medicine treatment, ultrasound therapy and impairment rating charges.

This Finding and Decision is hereby issued this 19<sup>th</sup> day of August 2003.

Carol R. Lawrence  
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 from 6/27/02 to 2/19/03 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 19<sup>th</sup> day of August 2003.

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

August 1, 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

\_\_\_ suffered a work related lifting injury on \_\_\_. She was receiving chiropractic and medical care for her compensable injury when an OB/GYN issue arose and caused an interruption in her course of care. With time, \_\_\_ resumed her chiropractic care for her injury.

#### REQUESTED SERVICE (S)

Medical necessity of office visits, myofascial release, electrical stimulation, physical medicine treatment, ultrasound therapy, and impairment ratings from 6/27/02 through 2/19/03.

#### DECISION

There was medical necessity for office visits, myofascial release, electrical stimulation, physical medicine treatment, ultrasound therapy, and impairment ratings from 6/27/02 through 2/19/03.

#### RATIONALE/BASIS FOR DECISION

Responsibilities of the treating doctor include, but are not limited to:

1. Coordinating the employee's health care for an injury;
2. Maintain effective utilization of health care; and
3. Certify when a patient has reached MMI and assign an impairment rating.

Based on the records reviewed, \_\_\_ has provided appropriate care for \_\_\_, all of which is considered within the standards of normal chiropractic care along with giving timely and appropriate referrals. Texas Labor Code states an employed who sustains a compensable injury is entitled to all health care that is reasonably required by the nature

of the injury, as and when needed, specifically if it cures or relieves the effects of the injury. \_\_\_ certainly had an extreme situation which interrupted her normal course of care with \_\_\_, however, when it was appropriate, care was again rendered in a fashion that was within normal standards of care and the patient reported that the therapy was helping with her symptoms. Designated doctor exams were performed at appropriate times during the treatment, however a certification of MRI does not mean that medical treatment is no longer necessary. In reference to the chiropractic care rendered on the dates in question, everything possible seems to have been done in order to provide the patient with relief from her symptoms. The treating doctor changed his protocol based on the patient's post-surgical status. While the causes for surgery and subsequent complications are unfortunate, the willingness to formulate and follow through with a secondary treatment plan should be expected from the treating doctor as long as the patient is having symptoms, which are related to the original injury. This most certainly is the situation with this case based on the documentation provided.