

MDR Tracking Number: M5-03-2530-01

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. The dispute was received on 6-12-03.

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 not the only issue** to be resolved. The requestor submitted a withdrawal letter for disputed dates of service 5-13-02 (code 99211 only), 5-29-02 (all services), 6-21-02 (all services), and 7-1-02 (99080-73 only). The office visits; hot/cold packs, electrical stimulation, myofascial release, therapeutic activities, therapeutic exercises and manual traction were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

The above Findings and Decision are hereby issued this 22nd day of October 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 4-30-02 through 7-1-02 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 22nd day of October 2003.

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

NOTICE OF INDEPENDENT REVIEW DECISION

August 20, 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 # M5-03-2530-01
 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. ___ health care professional as 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 lumbar and cervical spine injuries on ___ while trying to reposition a 900-pound swinging gate. He was supporting one part of the gate with an iron bar and the other with a chain that slipped. The patient's injuries included both lumbar and cervical spine. He saw a chiropractor for treatment and physical therapy and had lumbar epidural steroid injections.

Requested Service(s)

Office visits, hot or cold packs, electric stimulation therapy, myofascial release, therapeutic activities, and therapeutic exercises from 04/30/02 through 07/01/02

Decision

It is determined that the office visits, hot or cold packs, electric stimulation therapy, myofascial release, therapeutic activities, and therapeutic exercises from 04/30/02 through 07/01/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The records supply sufficient documentation on each visit regarding history, examination, treatment, impression, and recommendations to warrant his continued office visits, passive and active therapy. The daily notes reveal some improvement; however, the patient experienced recurrence of his symptoms. The fact that the patient did not satisfactorily recover was not sufficient reason to deny these services.

Under normal circumstances, national and spinal treatment guidelines do not allow for passive therapy three months post injury. However, due to the documented significance of this patient's injury, his semi-favorable response to conservative care and lumbar epidural steroid injections, his desire not to take medication, and an attempt to do what could be done to avoid surgery. All medical services were in fact medically necessary for the treatment of this patient's condition. Therefore, it is determined that the office visits, hot or cold packs, electric stimulation therapy, myofascial release, therapeutic activities, and therapeutic exercises from 04/30/02 through 07/01/02 were medically necessary.

Sincerely,