

MDR Tracking Number: M5-03-2562-01

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 6-9-03.

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 hot/cold packs, electrical stimulation (unattended), vasopneumatic devices, office visits w/manipulations, myofascial release, joint mobilization, unlisted special service/report, therapeutic activities, mechanical traction, electrical stimulation (manual), and neuromuscular re-education on 7-19-02 through 9-3-02 were found to be medically necessary. The hot/cold packs, electrical stimulation (unattended), vasopneumatic devices, office visits w/manipulations, myofascial release, joint mobilization, unlisted special service/report, therapeutic activities, mechanical traction, electrical stimulation (manual), neuromuscular re-education, and therapeutic exercises on 9-9-02 through 12-31-02 were not found to be medically necessary. The respondent raised no other issues for denying reimbursement for these services.

The above Findings and Decision are hereby issued this 4th day of September 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 7-19-02 through 9-3-02 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 4th day of September 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dzt

Re: MDR # M5-03-2562-01

___ has performed an independent review of the medical records of the above-named case to ___ determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This male claimant suffered a work-related injury on ____. A history of injury on this patient cannot be developed due to the fact there is no initial evaluation in the medical records provided, in order to give a history of the incident itself. From the medical records the injured areas were cervical and lumbar and also headaches, but no summary of events or history can be identified due to the lack of documentation.

Disputed Services:

Physical therapy sessions, office visits, office visits w/manipulations and unlisted special service/report on 7/19/02 through 12/31/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier in this case. All the physical therapy, office visits, and office visit with manipulations for dates from 07/19/02 through 09/06/02 were medically necessary. The treatments and unlisted special service/report from 09/07/02 through 12/31/02 were not medically necessary.

Rationale:

According to the American Association of Orthopedic Surgeons, after eight weeks of treatment for lumbar spine pain, without significant change, the patient should be referred to a specialist and/or a change in treatment plan should be provided. From the dates of service 07/09/02 through 09/06/02 the patient complained of pain in the neck, headaches, pain in the lower back, right leg pain and spasms which were the same complaints the patient had from the beginning of treatment, without any significant change. Thus, all the physical therapy, office visits, and office visits with manipulation were medically necessary for treatment to this patient from dates 07/19/02 through 09/06/02. Thereafter the services were not medically necessary.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,