

**THIS MDR TRACKING NO. WAS REMANDED.
THE NEW MDR TRACKING NO. IS: M5-03-2566-02**

MDR Tracking Number: M5-03-2566-01

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. This dispute was received on 06-11-03.

The IRO reviewed office visits, nerve conduction, therapeutic exercises, joint mobilization, myofascial release, computer data analysis, echo exams, aquatic therapy, neuromuscular re-education, and electrical stimulation rendered from 08-14-02 through 11-08-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for office visits, nerve conduction, therapeutic exercises, joint mobilization, myofascial release, computer data analysis, echo exams, aquatic therapy, neuromuscular re-education, and electrical stimulation. 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On September 9,2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. The Medical Review Division is unable to review this dispute for fee issues. Documentation was not submitted in accordance with Rule 133.307(l) to confirm services were rendered for dates of service 08-26-02, 08-28-02, 09-13-02, 09-20-02, and 11-04-02 that were not reviewed by the IRO. Therefore reimbursement is not recommended

This Decision is hereby issued this 25th day of February 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 08-14-02 through 11-08-02 in this dispute.

This Order is hereby issued this 25th day of February 2004.

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 12, 2003

Re: IRO Case # M5-03-2566

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or

she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured his left knee on ___ when he fell off a construction form. He sought chiropractic care on 8/14/02.

Requested Service(s)

Computer data analysis, echo exams-spinal, pelvis (rt & lt), aquatic therapy, neuromuscular re-education, electrical stimulation, myofascial release, joint mobilization, therapeutic exercises, nerve conduction studies, office visits 8/14/02-11/8/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The documentation presented for this review regarding treatment of the patient is vague and limited. The treatment notes lack subjective complaints and objective findings to support treatment. The notes really do not provide useful information. The initial examination report is very limited, lacking specific, objective findings to support treatment. The notes state that, "range of motion was tested in the left knee and ankle with noted restriction and pain." The quality, intensity and extent of restriction is not documented. It is also reported that there is "deep and superficial tenderness of the thigh, knee, lower leg and ankle." Specific anatomical location of the tenderness is not documented. Where on the ankle, knee thigh and lower leg is the tenderness? A couple of positive orthopedic tests, palpatory tenderness and restricted range of motion is all of the objective documentation given to support treatment. Aquatic therapy and therapeutic exercise notes do not describe any of the exercises that were done by the patient, or how he responded to the protocol. The documentation fails to provide useful information about any of the other services in dispute. Under "Therapy" in the treatment notes, listed services are circled, with no further information given.

This type of documentation does not support the necessity of treatment. The

treating diagnoses were: 1. Knee pain, 2. Leg pain, 3. Ankle pain, 4. Knee swelling, 5. Ankle/foot swelling, 6. Paresthesia, 7. Muscle spasms. To treat a patient based on this is inappropriate, unnecessary and unreasonable. Computer data analysis and echo examinations are billed, but no documentation was provided to support their necessity. From the documentation provided, it appears that the only examination that would be helpful to support treatment would be an MRI.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,