

MDR Tracking Number: M5-03-2586-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2003 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** \$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 physical medicine services from 6-12-02 through 12-27-02 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services charges.

The above Findings and Decision are hereby issued this 11th day of August 2003.

Dee Z. Torres  
Medical Dispute Resolution  
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 6-12-02 through 12-27-02 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 11th day of August 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/dzt

July 29, 2003

Re: Medical Dispute Resolution  
MDR #: M5-03-2586-01  
IRO Certificate No.: IRO 5055

\_\_\_ 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 female claimant reported an injury to her upper back, right shoulder, right arm, and right hand due to repetitive activities at work on \_\_\_\_. She is post right shoulder arthroscopy with subacromial decompression, distal claviclectomy, and post bilateral carpal tunnel release. She has undergone two MRI's of the cervical spine, showing a radial tear at C4-C5, and EMG/NCV, conservative care and rehab, and steroid injections. She has been set at statutory MMI on 05/19/03, with a 24% whole-person impairment.

Evaluation on 02/05/03 concluded that continuing conservative care would be recommended in conjunction with epidural steroid injections. A second follow-up surgery was recommended to the right shoulder to remove more of her clavicle. Furthermore, on 01/07/03 it is noted that the patient had shown further regression in her right upper extremity, and her signs and symptoms associated with her bilateral carpal tunnel

**Disputed Services:**

Physical medicine services for the following dates of service: 06/12, 06/19, 06/26/02, 07/03, 07/10, 07/24/02, 08/05, 08/12/, 08/19, 08/26/02, 09/04, 10/11, 10/25/02, 11/04, 12/13, 12/23, and 12/27/02.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services in question were medically necessary in this case.

**Rationale:**

The records provided for review clearly indicated that the patient continues to have ongoing pain from her injuries and the effects of the surgeries. It is clearly documented that the patient's condition during the time of the disputed services was significant enough to warrant treatment.

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,