

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION:**

**SOAH DECISION NO. 453-04-5253.M5**

MDR Tracking Number: M5-03-2629-01

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 6-16-03.

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 office visits, joint mobilization, myofascial release, manual traction, therapeutic exercises, computer data analysis, physical performance test, muscle testing, and therapeutic activities 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 17th day of March 2004.

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 3-7-03 through 3-31-03 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 17<sup>th</sup> day of March 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

## NOTICE OF INDEPENDENT REVIEW DECISION

August 27, 2003

Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-749

RE: MDR Tracking # M5-03-2629-01  
IRO Certificate # IRO 4326

\_\_\_ 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 has 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 injuries to his left leg, left knee, and low back on \_\_\_ when he fell off a step ladder. The patient saw a chiropractor for treatment and physical therapy. An MRI of the left knee revealed a lateral meniscal tear. The patient eventually underwent surgery to repair the meniscal tear on 04/10/03. He continued with physical therapy until surgery and then re-started for his post-surgical therapy.

### Requested Service(s)

Office visits, joint mobilization, myofascial release, manual traction, therapeutic exercises, computer data analysis, physical performance test, muscle testing, and therapeutic activities from 03/07/03 through 03/31/03

### Decision

It is determined that the office visits, joint mobilization, myofascial release, manual traction, therapeutic exercises, computer data analysis, physical performance test, muscle testing, and therapeutic activities from 03/07/03 through 03/31/03 were medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The patient saw the provider initially on 01/28/03. Passive therapy was started to the low back and left knee. The medical records indicate he then progressed into an active therapy program. Diagnostic testing

in the form of a left knee MRI, muscle testing, and physical performance testing were done and these revealed significant positive findings. There is sufficient documentation on each date of service to warrant treatment of this patient's injury.

For injuries of this nature, national treatment guidelines allow for initial passive therapy with a progression into active therapy. Such is what occurred with this case. Therefore, it is determined that the office visits, joint mobilization, myofascial release, manual traction, therapeutic exercises, computer data analysis, physical performance test, muscle testing, and therapeutic activities from 03/07/03 through 03/31/03 were medically necessary.

Sincerely,