

MDR Tracking Number: M5-03-2647-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 6-19-03.

The IRO reviewed office visits, therapeutic exercises, myofascial release, electrical stimulation, and hot/cold packs rendered from 9-9-02 through 1-7-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. The IRO agreed with the carrier's previous determination that the office visit, therapeutic exercises, myofascial release, electrical stimulation, and hot/cold pack from 9-9-02 through 1-7-03 were **not** medically necessary. The IRO concluded that the office visit, therapeutic exercises, myofascial release, electrical stimulation, and hot/cold pack on 9-17-02 and 10-9-02 were medically necessary. Therefore, the requestor is not entitled to a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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 9-17-02 and 10-9-02 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 21st day of January 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

REVISED 1/19/04

August 26, 2003

IRO Certificate# 5259

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An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

Patient received physical medicine modalities after being diagnosed with cervical disc herniation at C6/7.

REQUESTED SERVICE (S)

Office visits, therapeutic exercises, myofascial release, electrical stimulation, and hot/cold packs from 9/9/02 through 1/7/03.

DECISION

All services and procedures for the dates of 9/17/02 and 10/9/02 only are approved. All other services and procedures from 9/9/02 through 1/7/03 are denied.

RATIONALE/BASIS FOR DECISION

Other than 9/17/02 and 10/9/02, there are no daily progress notes supplied by the physician in support of the office visits reported (99212 or 99211); no daily physical therapy or rehabilitation records were submitted to support what soft tissues were manipulated or released (97250); and no documentation was furnished to indicate what specific therapeutic exercises were performed (97110). In fact, no records were submitted to document that the reported physical medicine procedures were performed at all.