

MDR Tracking Number: M5-03-2666-01

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 6-20-03.

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 therapeutic procedures (massage and therapeutic exercises), office visits, sterile whirlpool, and spray and stretch on 11-13-02 through 12-9-02 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 2nd 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 11-13-02 through 12-9-02 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 2nd day of September 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

August 26, 2003

Re: MDR #: M5-03-2666-01
IRO Certificate No.: 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 injured her right wrist and hand in an on-the-job accident on ____. She underwent surgeries to her right wrist on 02/03/99, 03/28/99 and 08/24/02. Since then she has been in physical therapy.

Disputed Services:

Office visits and physical therapy for service dates 11/13/02 through 12/09/02.

Decision:

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

Rationale:

After beginning therapy on 09/13/02, the patient started eight weeks of therapy to rehabilitate. On 10/15/02, the patient was re-examined and found to have increase in all wrist planes of range of motion. On re-exam again on 11/15/02, the patient again showed further increase in range of motion planes of the wrist, documented improvement with an overall decrease in pain levels, and decrease in numbness and tingling, therefore justifying continued treatment. On 12/09/02, the patient had further decrease in pain levels, no longer had constant pain in the wrist and hand. She had dramatic improvement in all wrist range of motion planes and an increased strength of the right hand that was dramatic as well. Therefore, in the reviewer's medical opinion, the proper phases of treatment and proper care and evaluations were given to the patient so as to increase and rehabilitate her to her maximum ability and, therefore, all medical treatment was 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,