

MDR Tracking Number: M5-03-2728-01

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 (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 June 26, 2003.

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 with manipulations; additional manipulations, special reports, office visits, paraffin, physical medicine treatment, therapeutic exercises, ultrasound therapy, and group therapy procedures were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for office visits with manipulations, additional manipulations, special reports, office visits, paraffin, physical medicine treatment, therapeutic exercises, ultrasound therapy, and group therapy procedures charges.

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 7/8/02 through 1/21/03 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 5<sup>th</sup> day of September 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

August 26, 2003

Re: MDR # M5-03-2728-01

\_\_\_ 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 suffered a work-related injury in \_\_\_, and was initially evaluated on 03/06/02. Her condition involved cramping, numbness, and tingling in her hands, and numbness in the left upper extremity and shoulder, as well as pain in the neck, and pain between the shoulder blades. A treatment program was begun following examination. Additional diagnostic testing was performed that confirmed the significance of the patient's injuries. Appropriate referrals to specialists were made. The patient received chiropractic care, passive and active therapy, medications and injections. Her overall treatment assisted her condition; however, she continued to experience problems that necessitated surgical intervention in February 2003.

**Disputed Services:**

Office visits with manipulations, additional manipulations, special reports, office visits, paraffin, physical medicine treatments, therapeutic procedures, ultrasound therapy, and group therapy procedures during the period of 07/08/02 through 01/21/03.

**Rationale:**

Sufficient documentation was provided to warrant the treatment rendered during the period in question. Each visit is appropriately documented with subjective symptoms, objective findings, assessment and plan that establishes the medical necessity for each date of service. Chiropractic manipulations and re-examinations were medically necessary. Additional passive and active therapy was medically necessary in conjunction with the patient's injections.

National Treatment Guidelines allow for the treatment and case management of this complicated case. All denied treatment was, in fact, reasonable, usual and medically necessary for the treatment of this patient's injury.

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,