

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

**SOAH DOCKET NO. 453-04-0626.M5**

MDR Tracking Number: M5-03-2778-01

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 6-30-03.

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 exercises, office visits w/manipulations, myofascial release, joint mobilization, and physical medicine treatment 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 25<sup>th</sup> day of August 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 1-6-03 through 2-15-03 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 25<sup>th</sup> day of August 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

August 20, 2003

MDR Tracking Number: M5-03-2778-01  
IRO Certificate# 5259

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

\_\_\_ suffered injury from a vehicle/person accident in connection with his work on \_\_\_ in which eighteen wheel truck ran over him. He suffered multiple injuries and underwent extensive care including multiple surgeries as a result. The most recent surgical procedure connected with the treatment in question is an IDET procedure.

#### REQUESTED SERVICE (S)

Medical Necessity of the therapeutic procedures, office visits with MP, myofascial release, joint mobilization, physical medicine treatment performed between the dates 1/6/03 through 2/15/03.

### DECISION

Approve requested services. Reverse previous decision.

### RATIONALE/BASIS FOR DECISION

In the "Physicians Guide to Post-Procedural Care" for IDET, there is clear indication that the patient is to have supervision while performing the exercises prescribed. The finding of \_\_\_ that the patient 'could' perform such exercises at home appears to be his personal opinion. In addition, with the information found in the above mentioned guide, \_\_\_ wrote a prescription for therapy on 1/6/03 indicating physical therapy procedures 3x per week for 4 weeks, which is the exact time frame in question. The evidence for this decision is found clearly within the case itself.