

MDR Tracking Number: M5-03-2804-01

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 7-3-03.

The IRO reviewed office visits w/manipulations, myofascial release, therapeutic exercises, electrical stimulation, hot/cold packs, and mechanical traction from 10-16-02 through 1-15-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 9-4-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The requestor failed to submit relevant information to support components of the fee dispute in accordance with Rule 133.307(g)(3)(A-F). No reimbursement recommended.

This Decision is hereby issued this 12th day of March 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

September 3, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

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IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

\_\_\_ was treated with conservative therapy, including manipulation, myofascial release, therapeutic exercise, electric muscle stimulation, hot/cold packs, mechanical traction. She also saw \_\_\_ for LESI's and medication. A designated doctor examination ruled that she was not at MMI on 10/1/02 and found that she would reach MMI on or about 4/1/03. The carrier has denied office visits with manipulation, myofascial release, therapeutic exercise, EMS, hot/cold packs and mechanical traction for the period of 10/16/02 through 1/15/03.

#### DISPUTED SERVICES

Under dispute is the medical necessity of office visits with manipulations, myofascial release, therapeutic exercises, electrical stimulation therapy, hot or cold pack therapy and mechanical traction from 10/16/02 through 1/15/03.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

The records presented for review contain electrodiagnostic testing, and reports of treatment by other providers, which provides evidence of the patient's injury. The records do not, however, contain documentation relevant to the procedures in question. There are no daily notes that would substantiate the level of service provided, the areas of manipulation, specific notes regarding what muscles the myofascial release was performed on, or the amount of time it was performed. There were no records indicating what specific therapeutic exercises were performed, or indications of the patient's progress with the program, or lack thereof, by way of an exercise sheet showing sets/reps, etc. Additionally, passive modalities are indicated for the initial six weeks of care. Pre-authorization for an extension of the use of passive modalities may be obtained by submitting a request to the carrier with the appropriate documentation to support a request. There was no documentation that pre-authorization was requested or received for extension of the use of passive modalities. Additionally, there are no notes to document the use of mechanical traction. Without the proper documentation of procedures, it is impossible to

determine that these procedures were, in fact, medically necessary. For the above reasons, the \_\_\_ reviewer recommends denial of all listed disputed services.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,