

MDR Tracking Number: M5-03-2859-01

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 7-10-03.

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 purpose 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, therapeutic procedures, group therapeutic procedures, joint mobilization, myofascial release and special reports 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 25th 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 through 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 25th day of August 2003.

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division

August 19, 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

The documentation presented states ___ is a pleasant 49-year-old female who was injured on ___ at ___. It is stated that the patient had boxes full of vertical blinds fall from a top shelf directly on top of her. ___ tried to push the boxes back onto the shelf and consequently felt pain in the right shoulder, neck, mid back and low back. She underwent active and passive care with ___. She underwent an MRI of the cervical region on 8/13/02 that revealed C5/6 posterior left paracentral disc protrusion/herniation that is pressing on the left anterior thecal sac. The records also display the patient's shoulder was still symptomatic, therefore she was referred for an MRI of the right shoulder on 11/14/02. This MRI revealed an undersurface tear of the supraspinatus tendon, fluid within the glenohumeral joint, and evidence of impingement. There was also an EMG performed on this patient within the upper extremities that showed no electrodiagnostic evidence of radiculopathy. ___ was also noted to have undergone epidural steroid injections in the cervical spine. A designated doctor exam on 11/14/02 stated that she was at MMI with a 6% whole person impairment.

FCE reports and a peer review were also reviewed in this case.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, therapeutic procedures, group therapeutic procedures, joint mobilization, myofascial release and special reports for dates of service 8/14/02 through 11/19/02.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The ___ reviewer agrees with the medical necessity of treatment provided from the dates 8/14/02 through 11/19/02. The treatment provided does display subjective and objective improvements noted from the SOAP notes and the FCEs provided. The designated doctor's evaluation was also taken into account; ___ did state the patient gained mild relief from the treatment provided and his examination displayed little objective findings, further establishing a positive outcome from treatment provided.

___ 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,