

MDR Tracking Number: M5-03-2981-01

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 July 17, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues (\$1,050.00- was found to be medically necessary). Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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 two units of therapeutic exercises **were found to be medically necessary**. The data analysis, muscle testing, office visits, myofascial release, joint mobilization, manual traction, conductive testing, temperature gradient study, nerve conduction testing, range of motion, special reports, somatosensory testing, H/F reflex studies and durable medical equipment **were not found to be medically necessary**. The respondent raised no other reasons for denying reimbursement.

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 two units of therapeutic exercises for dates of service 9/26/02 through 11/7/02 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

September 3, 2003

IRO Certificate# 5259  
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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

\_\_\_\_ sustained a compensable injury to his lower back after lifting heavy piles of wood at his job site. He had a history of a previous fracture (undisclosed site) and a surgical fusion at L4/5.

#### REQUESTED SERVICE (S)

Medical necessity of the data analysis, muscle testing, office visits, myofascial release, joint mobilization, therapeutic exercises, manual traction, conductive testing, temperature testing, nerve conduction testing, range of motion testing, special reports, somatosensory testing, H or F nerve testing, and durable medical equipment performed or provided from 9/26/02 through 11/7/02.

#### DECISION

Based solely on the history and initial examination, two units of therapeutic exercise (97110) are approved for the dates of service from 9/26/02 through 11/7/02. All remaining procedures during the specified date range are denied.

#### RATIONALE/BASIS FOR DECISION

No legitimate daily progress notes were submitted for review. Rather, the notes that were submitted could quite literally be superimposed upon one another as they rarely changed from visit to visit. As a result, it was impossible to determine the patient's response to care and the medical necessity of the treatments and tests ordered. In addition, the records submitted by the doctor begin on 10/14/02, so there is no documentation – repetitive or otherwise – submitted for consideration prior to this date.

In regard to Joint Mobilization (97265), Manual Traction (97122), and Myofascial Release (or Soft Tissue Manipulation – 97250), these procedures were not sufficiently documented because the daily progress notes reflecting these dates of service failed to mention to which body/spinal areas these procedures were performed. In addition, the records failed to adequately document the medical necessity of either manual traction or myofascial release, or that they were even performed.