

MDR Tracking: Number: M5-03-3097-01

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 7-28-03.

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 office visits, spray and stretch, ultrasound, electrical stimulation, massage therapy, aquatic therapy, and joint mobilization 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 9th day of October 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 4-3-03 through 5-19-03 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 9th day of October 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

## NOTICE OF INDEPENDENT REVIEW DECISION

September 25, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE:               IMDR Tracking #:     M5-03-3097-01  
                    IRO Certificate #:     IRO 4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

### Clinical History

This patient was injured while working as a \_\_\_ on \_\_\_ when she went to pick up a mentally challenged student who was lying on the floor. She was initially diagnosed with back strain but after diagnostic tests, it was noted that she had left shoulder impingement and incomplete rotator cuff tear per MRI dated 03/07/03. A lumbar MRI done on the same day revealed disc protrusion causing ventral narrowing of the thecal sac at L4-5 and disc protrusion at L5-S1 abutting the thecal sac. She saw a chiropractor for treatment and therapy and was eventually referred to a pain management physician for lumbar epidural steroid injections.

### Requested Service(s)

Spray & stretch, ultrasound, electrical stimulation, office visits, massage therapy, aquatic therapy, and joint mobilization from 04/03/03 through 05/19/03

### Decision

It is determined that the spray & stretch, ultrasound, electrical stimulation, office visits, massage therapy, aquatic therapy, and joint mobilization from 04/03/03 through 05/19/03 were medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

From a prospective as well as retrospective standpoint, the pertinent clinical documentation supports the continuation of chiropractic care from 04/03/03 through 05/19/03. Prospectively, this patient initiated care with the provider on 03/05/03. Prior to that time, the documentation does not indicate that the patient had undergone any chiropractic, manipulative, or active care. Generally accepted standards of care suggest that a trial of manipulative and active care would be warranted for this patient given the symptomatology described in the documentation. Typical standards of care and practice are usually six-to-eight weeks in length. Additional care beyond the initial six-to-eight week period is usually warranted when significant complicating factors exist such as the patient's positive MRI findings. The typical time frame for an adequate trial of care for a complicated musculoskeletal condition would be six to twelve weeks. The course of care in question certainly falls within these time frames.

Retrospectively, it is evident from a review of the documentation that objective progress and therapeutic gain were being attained with the course of care provided. This is evidenced by increased ranges of motion from 04/08/03 through 05/12/03. Moreover, and likely more persuasive, an outcome assessment tool was employed in this case. The patient's Oswestry low back index decreased significantly from 04/08/03 through 05/12/03. Furthermore, the patient's pain levels decreased significantly during this period as well. The treatment given was consistent with acceptable standards of care and appropriate documentation of subjective symptoms and objective testing. Therefore, it is determined that the spray & stretch, ultrasound, electrical stimulation, office visits, massage therapy, aquatic therapy, and joint mobilization from 04/03/03 through 05/19/03 were medically necessary.

Sincerely,