

MDR Tracking Number: M5-03-3166-01

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 August 1, 2003.

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 special reports, office visits with manipulations, therapeutic exercises, neuromuscular re-education and gait training were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the special reports, office visits with manipulations, therapeutic exercises, neuromuscular re-education and gait training charges.

This Findings and Decision is hereby issued this 15th day of October 2003.

Margaret Q. Ojeda
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 12/11/02 through 2/24/03 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 15th day of October 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/mqo

September 22, 2003

Re: MDR #: M5-03-3166-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

This male claimant suffered multiple injuries in a work-related accident on ___. He was transported immediately to the hospital. Examination and x-rays were performed and medication given.

Further examination was done on 11/11/02 and a treatment program was begun. In the initial phase of care, the patient received passive therapy, as well as chiropractic treatment. He responded favorably to this treatment and was progressed into an active rehabilitation program.

Disputed Services:

Special reports, office visits with manipulation, therapeutic exercises, neuromuscular re-education, and gait training during the period of 12/11/02 through 02/24/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services and treatments in question were medically necessary in this case.

Rationale:

Each date of service is sufficiently documented with subjective, objective, assessment and plan. The records indicate that the patient responded favorably, both subjectively and objectively, to the treatment he received.

The National Treatment Guidelines allow for an initial passive treatment program with progression into an active rehabilitation program. Such was the situation with this case. Due to multiple injured areas and the nature and extent of this patient's injuries, it was usual, reasonable, customary and medically necessary for him to receive all the services in question from 12/11/02 through 02/24/02.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,