

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 8-5-03.

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, neuromuscular re-education, therapeutic activities, and joint mobilization were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 9th day of September 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division
DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

Date: September 5, 2003

RE: MDR Tracking #: M5-03-3177-01
IRO Certificate #: 5242

_____ 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 proposed 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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

According to the supplied documentation, it appears that the claimant injured his left foot at work when a heavy piece of equipment fell on it on _____. Surgery was performed and the claimant initially improved, but he did not continue to improve. The claimant was seen by _____ who prescribed medications, but offered no future plans of surgery or no new diagnosis. The claimant began treatment with _____ who began chiropractic rehabilitation on the claimant four times a week. The claimant apparently could not walk without a cane and did not go places due to pain. The claimant originally received a 5% impairment in 11/2001. The claimant received another impairment by _____ who rated the impairment at 30%. On 06/30/2003, _____ performed a designated doctor exam and concurred with the 30% whole person impairment. The documentation ends here.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including office visits, neuromuscular re-education, therapeutic activities and joint mobilization rendered between 06/02/2003 through 06/06/2003.

Decision

I disagree with the insurance company and agree with the treating doctor that the services rendered between 06/02/2003 – 06/06/2003 were medically necessary.

Rationale/Basis for Decision

According to the supplied documentation, it appears that the claimant sustained a significant trauma to his left lower extremity. The ongoing treatment appeared to help reduce the claimant's pain and increase his mobility. The claimant was initially given a 5% impairment, which was later increased to 30%. This large increase in impairment validates the need for the additional care rendered beyond his first stage of care (06/2001-11/2001). The last objective documentation from a third party is from _____ who felt the claimant was not at maximum medical improvement until 06/30/2003 and she also noted that the claimant's felt his pain was only reduced while receiving care in his chiropractor's office. The claimant reported that he initially was only able to walk for 1 minute, but had since increased his walks to 25 minutes. This significant improvement in mobility justifies the care in question.