

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION:

SOAH DOCKET NO. 453-04-4531.M5

MDR Tracking Number: M5-03-3214-01

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. This dispute was received on 06-26-03. In accordance with Rule 133.307(d)(1) A dispute on a carrier shall be considered timely if it is filed with the division no later than one year after the dates of service in dispute therefore dates of service 06-20-02 through 06-25-02 in dispute are considered untimely and will not be addressed in this review.

The IRO reviewed office visits and office visits with manipulations, auto-traction/ physical medicine procedures, massage, ultrasound, and electrical stimulation rendered from 06-27-02 through 09-30-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for auto-traction/ physical medicine procedures, massage, ultrasound, electrical stimulation, and therapeutic exercises rendered after 07-16-02.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for office visits and office visits with manipulations, and therapeutic exercises from 06-27-02 through 09-30-02 and auto-traction/ physical medicine procedures, massage, ultrasound, and electrical stimulation from 06-27-02 through 07-15-02. 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 not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 12-03-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. Relevant information was not submitted by the requestor to support the fee component in accordance with Rule 133.307(g)(3) to confirm services were rendered for dates of service 07-25-02, 08-12-02, 09-05-02 and 09-12-02. Therefore reimbursement is not recommended.

This Decision is hereby issued this 18th day of February 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 8-28-01 through 12-28-01 in this dispute.

This Order is hereby issued this 18th day of February 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

December 4 2003

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5-03-3214-01
IRO Certificate No.: IRO 5055

REVISED DECISION
(Revision to “Disputed Services”)

___ 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 claimant experienced a sudden onset of pain in his lumbar spine and lower extremity following a work-related accident on ____. An initial evaluation was performed and an aggressive treatment program was begun. Over the course of treatment, appropriate diagnostic testing and appropriate referrals were made. The treatment program consisted of chiropractic care with passive and active therapy.

In July 2002, the patient was evaluated by an orthopedic specialist who recommended continued chiropractic care and therapy, as well as recommended an MRI and injections to include epidurals and facet injections. The records provided for review did not indicate that these injections were performed.

Disputed Services:

Office visits with manipulations, auto-traction/physical medicine procedures, massage, ultrasound, electrical stimulation and therapeutic exercises during the period of 06/27/02 through 09/30/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that all office visits w/manipulations and therapeutic exercises from 06/27/02 through 09/30/02 were medically necessary. In addition, all auto-traction/physical medicine procedures, massage, ultrasound and electric stimulation from 06/27/02 through 07/15/02 was medically necessary in this case. All auto-traction/physical medicine procedures, massage, ultrasound and electric stimulation rendered after 07/16/02 were not medically necessary in this case.

Rationale:

The patient underwent aggressive chiropractic care and passive therapies with progression into an active rehabilitation program. National Treatment Guidelines

allow this type of treatment program for this type of injury. The usual guidelines allow for two to four weeks of passive therapy.

The records indicate that on occasion there were exacerbations that warranted additional passive care. Due to the additional exacerbations, up to eight weeks of passive care would be reasonable. There is sufficient documentation to warrant the care rendered as outlined above.

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,