

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

**SOAH DOCKET NO. 453-04-1365.M5**

MDR Tracking Number: M5-03-3298-01

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 15, 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 office visits; electrical stimulation, therapeutic exercises, and myofascial release were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the office visits, electrical stimulation, therapeutic exercises, and myofascial release charges.

This Findings and Decision is hereby issued this 23<sup>rd</sup> 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 3/5/03 through 5/16/03 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 23<sup>rd</sup> day of October 2003.

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

October 15, 2003

Re: MDR #: M5-03-3298-01  
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 was treated for a radial styloid fracture resulting from a work-related accident on \_\_\_. Several orthopedists were consulted, and his original cast was changed at least once. The patient was then given several months of exercise rehabilitation. It also appears as though the patient was treated for reflex sympathetic dystrophy (RSD) with injections. He also participated in a work hardening program.

**Disputed Services:**

Office visits, electrical stimulation, therapeutic procedures, and myofascial release during the period of 03/05/03 through 05/16/03.

**Decision:**

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

**Rationale:**

This patient was a good candidate for a conservative care plan. His injuries seemed to have developed into RSD. This factor would indicate the need for additional care. Mercy Guidelines, Mootz Care Plans, and TWCC Guidelines all recognize the need for trial reductions in care in any conservative case. In this case, additional care beyond the first four weeks is reasonable. The changes in the patient's reported pain scale vary little from the beginning of treatment through 05/16/03.

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,