MDR Tracking Number: M5-03-3339-01

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 March 24, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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 therapeutic exercises were found to be medically necessary. The therapeutic activities (direct one-to-one), and myofascial release, range of motion, joint mobilization were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the therapeutic exercises, myofascial release, therapeutic activities (direct one-to-one), range of motion and joint mobilization charges.

This Findings and Decision is hereby issued this 12th day of December 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 3/25/02 through 5/29/02 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 12th day of December 2003.

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

November 20, 2003
Amended December 10, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5-03-3339 01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

The patient was injured on the job when she was putting leg braces on a child and took some form of a shock to her low back and had an immediate onset of low back pain. She had a past history of lumbar diskectomy as well as a cervical diskectomy in excess of 20 year past. MRI of the lumbar spine revealed a discopathy at L4/5 and L5/S1. The protrusion at L5/S1 is 4-5 mm and narrows the neural foramen significantly. EMG of the lower extremities revealed a S1 radiculopathy on the right. MMI was assessed by the treating doctor at 11% whole person as of June 28, 2002.

DISPUTED SERVICES

The carrier has denied the medical necessity of range of motion testing, myofascial release, therapeutic exercises, therapeutic activities and joint mobilization.

DECISION

The reviewer disagrees with the prior adverse determination for the code 97110, therapeutic exercises.

The reviewer agrees with the prior adverse determination for all other services rendered.

BASIS FOR THE DECISION

The file that was presented for review contains approximately 75% EOB and HCFA forms, with little in the way of documentation of the services in dispute. While certainly this case could have warranted the extensive care rendered, the treating doctor's notes did not indicate what type of service was rendered in the therapeutic activities and exercises, particularly no charts of what services were rendered were presented and no distinction can be made regarding the progress of the patient due to the services being rendered. It does appear that the documentation indicates the patient is improving with the exercises and the benefit of the doubt is given to patient progress in this case. The notes presented do document the patient's subjective complaints, but no mention is made as to why these treatments are being rendered to the patient or of the goals which are expected in each case, but once again they are adequate enough to convince the reviewer that there is some justification for the therapeutic exercises. Joint mobilization is part of the basic chiropractic adjustment and should not be considered as a separate service lacking some form of documentation by the requestor, which we do not see.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,