

MDR Tracking Number: M5-03-3341-01

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. The dispute was received on 8-21-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of 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** 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 Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 8/21//03, therefore the following date(s) of service are not timely: 8/6/02 through 8/19/02.

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, hot/cold packs therapy, therapeutic activities, neuromuscular re-education, and reports from 8/21/02 through 9/30/02 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the following issues of medical necessity: the IRO agrees with the previous determination that the office visits, hot/cold packs therapy, therapeutic activities, neuromuscular re-education, and reports from 2/21/03 through 4/16/03 were not medically necessary.

This Findings and Decision is hereby issued this 12th day of March 2004.

Regina L. Cleave
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 8/21/02 through 8/19/02 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 March 2004.

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 1, 2004

Re: IRO Case # M5-03-3341

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is board Certified in Physical Medicine and Rehabilitation, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 43-year-old female in ___ was apparently attempting to lift a 10-gallon bucket of ice when she felt a gradual onset of neck pain radiating in to the left shoulder and arm with associated numbness and tingling in her arm and fingers. She was treated conservatively with anti inflammatories, pain medication and chiropractic treatment without significant change in symptoms. A 2/26/01 MRI of the lumbar spine was significant for a large central and left disk herniation at C6-7.

EMG/NCS on 2/22/01 was positive for left C7 radiculopathy, left carpal tunnel entrapment, and left ulnar neuropathy at the cubital tunnel. The patient underwent cervical discectomy and fusion on 2/14/02. The patient's postoperative course was unremarkable, with the exception of continued pain in the cervical spine radiating into the left upper extremity. The patient underwent hardware removal on 4/11/02, and began postoperative therapy in August 2002.

Requested Service(s)

Office visits and therapy post surgery including hot/cold packs, therapeutic activities, neuromuscular reeducation, NCVs/sensory, reports and impairment rating 8/21/02 4/16/03

Decision

I disagree with the carrier's decision to deny the requested services 8/21/02 – 9/30/02, and I agree with the decision to deny the requested services 2/21/03-4/16/03.

Rationale

The patient underwent cervical discectomy in February 2002 followed by removal of her hardware in April 2002. She saw her surgeon for follow up on June 24, 2002 and he indicated that she was ready for postoperative rehabilitation. This did not start until early August. The patient then participated in about eight weeks of therapy including physical therapy and chiropractic treatment. These treatments were appropriate following surgery. It was also necessary to fill out a TWCC form for work status reporting. An impairment rating on 9/30/02 at the completion of her physical therapy was appropriate, as this would be an appropriate time to determine the patient's MMI status and give her a rating. In February 2003 the patient was one-year status post fusion surgery and 10 months status post hardware removal. She had completed a physical therapy program, and further chiropractic treatment would not be medically necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.