

MDR Tracking Number: M5-03-3386-01

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 08-26-03. In accordance with Rule 133.308(e)(1) shall be considered a dispute is considered timely if it is received by the division no later than 1 year after the date of service in dispute therefore 8-23-02 is considered untimely.

The IRO reviewed gait training, ultrasound therapy, myofascial release, special supplies (lumbar support), office visits, therapeutic exercises, electrical stimulation, neuromuscular re-education and therapeutic activities rendered from 08-31-02 through 03-28-03 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 neuromuscular re-education and electrical stimulation.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for gait training, ultrasound therapy, myofascial release, special supplies, office visits, therapeutic exercises, and 2 units of therapeutic activities. 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 12-17,03, 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. The Medical Review Division is unable to review this dispute for fee issues. Documentation was not submitted in accordance with Rule 133.307(l) to confirm services were rendered for dates of service 08-31-02, 09-11-02, 09-19-02, 09-24-02, 10-03-02, 10-04-02, 10-22-02, 10-31-02, 11-06-02, 12-02-02, 12-03-02, 12-11-02, 01-23-03, 03-04-03, 03-11-03, 03-14-03, 03-17-03, 03-19-03, 03-21-03, 03-24-03, 03-25-03 03-26-03, and 03-28-03, therefore reimbursement is not recommended.

This Decision is hereby issued this 22nd day of January 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 08-31-02 through 03-28-03 in this dispute.

This Order is hereby issued this 22nd day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

December 5, 2003
Amended December 12, 2003

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

MDR Tracking #: M5-03-3386-01
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

___ was injured on his job as he was standing on an 8 foot ladder when the ladder fell. He fell to the ground with the ladder and inured his back, head, shoulders and knees in the fall. He was treated with conservative care after the injury to include passive and active treatment along with chiropractic manipulations. The treatment began the day after the injury and was under the direction of ___. MRI of the left knee indicated a tear of the lateral meniscus and generalized

swelling/effusion of the knee. There were indications of bone and soft tissue contusions. MRI of the right knee indicated a small tear of the medial meniscus. Left shoulder MRI was negative, but on the right side there were indications of trauma without interruption of the tendons. Electrodiagnostic studies indicated a left L5 radiculopathy. There was an arthroscopic surgery performed to the right shoulder on January 20, 2003 which records indicate successfully reduced the pain in the shoulder. The patient's records also indicate that in the Spring of 2003 he underwent a series of epidural steroid injections.

DISPUTED SERVICES

The carrier has denied the medical necessity of gait training, ultrasound therapy, myofascial release, special supplies (lumbar support), office visits, therapeutic exercises, electrical stimulation, neuromuscular re-education and therapeutic activities as medically unnecessary from August 23, 2002 through March 28, 2003

DECISION

The reviewer agrees with the prior adverse determination regarding neuromuscular re-education and electrical stimulation. The reviewer also finds that no more than 2 units of therapeutic activities should be rendered on this case per date of service.

The reviewer disagrees with the prior adverse determination for all other treatments rendered.

BASIS FOR THE DECISION

The patient in this case did respond to the active care that was rendered and the records clearly indicate that the active care was having a positive effect on his condition. Clearly, the care did help this patient deal with his injuries. However, the reviewer notes that the electrical stimulation is not documented to have had a positive effect on the patient's condition and neither was the neuromuscular re-education. The reviewer's decision was based on Texas Guidelines to Quality Assurance and established protocol. The patient did have surgical intervention to his shoulder and the activities rendered did improve his condition related to both the original injury and the surgery. There is no documentation that would indicate that there was a need for extended treatment on a daily basis, so no more than 2 units of therapeutic exercise would be relevant to this case.

___ 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,