

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 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(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee.

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 and physical therapy along with muscle testing was found to be medically necessary. The respondent submitted a withdrawal for specific CPT codes for the following dates of service: CPT code **95851** on 1/31/01, 3/7/01, 4/19/01, 6/1/01, 7/3/01, CPT code **97032** on 6/22/01, CPT code **97122** on 7/6/01d. Therefore, the remainder of the table was medical necessity issues, or CPT codes denied improperly and should be paid accordingly.

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 1/31/01 through 9/4/01 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 4th day of, MAY 2002.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and subsequently re-delegated by Virginia May, Deputy Executive Director.

Attachments: 5/22/02 - Withdrawal request received.  
2/13/02 - Revised / Updated Table

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NOTICE OF INDEPENDENT REVIEW DECISION

April 15, 2002

David Martinez  
Chief, Medical Dispute Resolution  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 40  
Austin, TX 78704-7491

RE: Injured Worker:  
MDR Tracking #: M5-02-1885-01  
IRO Certificate #: 4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_ health care professional has signed a certification statement stating 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 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 this case.

The \_\_\_ health care professional has determined that the chiropractic services billed between 10/09/00 and 09/04/01 were medically necessary for treatment of the patient's condition. Therefore, \_\_\_ disagrees with the previous adverse determination. The specific reasons including the clinical basis for this determination are as follows:

This 19-year-old male sustained a bilateral fracture of both tibias and fibulas when a heavy steel bar hit both legs from behind while at work on \_\_\_. The patient underwent surgery and as part of his rehabilitation, the treating chiropractor billed for services between 10/09/00 and 09/04/01. The medical necessity for all of the treatment provided was well supported with documentation verifying treatment rationale and progress. The testing of the lower extremity strength and range of motion documented the patient's progress and positive response to treatment. As per the labor code laws, this patient was entitled to an aggressive form of rehabilitation that would ensure his ability to return to gainful employment. Therefore, it is determined that all of the chiropractic services billed between 10/09/00 and 09/04/01 were medically necessary to treat this patient's condition.

Sincerely,