

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

SOAH DOCKET NO.: 453-03-0928.M5

MDR Tracking Number: M5-02-2041-01

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 sessions were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits/physical therapy sessions.

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 1-29-01 through 7-6-01 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 5th day of September 2002.

Dee Z. Torres, Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

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.

May 2, 2002

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

Re: Medical Dispute Resolution
MDR #: M5-02-2041-01
IRO Certificate No.: IRO 5055

Dear

___ 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 practitioner who is a Chiropractor.

THE REVIEWER OF THIS CASE DISAGREES WITH THE DETERMINATION MADE BY THE REQUESTOR ON THIS CASE.

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.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

MEDICAL CASE REVIEW

This is for ____. I have reviewed the medical information forwarded to me concerning TWCC Case #M5-02-2041-01, in the area of Chiropractic. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. TWCC IRO Assignment, dated 03/28/02, 2 pages.
2. TWCC #60, Medical Dispute Resolution/Request, dated 03/21/02, 2 pages.
3. TWCC #60, Table of Disputed Services, from 01/29/01 through 07/06/01, 2 pages.
4. Explanation of Benefits for dates of service from 01/29/01 through 07/06/01, 5 pages.
5. Denial letter for pre-certification for cervical CT myelogram, dated 09/24/01, one page.
6. Request for medical records information, dated 09/25/01, one page.
7. TWCC-69 from ____, dated 12/20/01, one page.
8. ____, evaluation report, dated 10/21/01, one page.
9. ____, prescription for physical therapy, dated 08/31/00, one page.
10. ____, initial report, dated 08/23/00, 3 pages.
11. ____, follow-up office notes from 02/19/01 through 10/05/01, 12 pages.
12. ____, initial report, dated 03/03/00, one page.
13. EMG and NCV report, dated 03/03/00, one page.
14. Office visit notes from ____, for office visits from 01/29/01 through 07/06/01, 5 pages.
15. FCE Report from ____, dated 10/13/01, only 11 of 15 pages received.
16. ____, operative report, left shoulder arthroscopy and subacromial decompression, dated 04/28/00, one page.
17. ____, study, dated 10/17/00, one page.
18. AP and lateral x-ray report of cervical spine and MRI report of left wrist, dated 03/13/00, 2 pages.
19. MRI of the left shoulder, two views of the left shoulder and two views of the left wrist, dated 2/11/01.
20. Letter of medical necessity for ESI from ____, dated 02/23/01, 2 pages.
21. ____, operative report, ESI, dated 06/15/01.

B. SUMMARY OF EVENTS:

This is a dispute concerning non-payment for office visits from 01/29/01 through 07/06/01. The office visits included manipulative therapy and physical medicine procedures performed. The notes reviewed did not include the Utilization Review agent's report that was indicated on the TWCC-60 form which was prepared by _____. It is assumed that he denied the payment for these office visits.

C. OPINION:

I DISAGREE WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE. From review of the daily notes, it appears that the claimant was clearly continuing to experience difficulties, and the treating doctor was attempting to promote recovery according to the TWCC guidelines utilizing conservative treatment measures.

D. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 30 April 2002