

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 Chiropractic manipulations and therapy was found to be medically necessary. The respondent raised no other reasons for denying reimbursement charges for the Chiropractic manipulations and therapy.

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 4/9/01 through 5/7/01 in this dispute and IRO fee.

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 7th day of October 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

September 19, 2002

Re: Medical Dispute Resolution
MDR #: M5-02-2349-01
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 physician who is a doctor of Chiropractic Medicine.

The physician reviewer DISAGREES with the determination of the insurance carrier in this case. The reviewer is of the opinion that the manipulations and physical therapy on 4/11, 4/12, 4/16, 4/17, 4/19, 4/25, 4/26, 5/2 and 5/7/01 were medically necessary.

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.

MEDICAL CASE REVIEW

This is for ____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M5-02-2349-01, in the area of Chiropractic Neurology. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. MDR dispute, ____, June 13, 2002.
2. EOB's, ____, dates of services 4/09/01 to 5/07/01.
3. Reconsideration letter, ____, dated 11/05/01.
4. Pre-authorization letter, ____, dated 5/01/01.
5. Peer review, ____, dated 3/22/01.
6. SOAP notes, ____, dated 4/09/01 to 5/07/01.
7. Progress reports, ____, dated 4/17/01.
8. Range of motion examination, ____, dated 4/16/01.
9. MRI of lumbar spine, ____, dated 5/02/01.

B. BRIEF CLINICAL HISTORY:

The patient was injured on ____ as a result of climbing into the bed of a truck while carrying a 100-pound bag of grit on his shoulder. While climbing into the truck, he tripped over a hose, falling down from the truck 5-6 feet. He landed on his buttock region first and then injured his midback and lower back, and during the fall he tried to brace himself with his right elbow.

C. DISPUTED SERVICES:

The disputed services are denial of manipulations and physical therapy.

D. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE. THE MANIPULATIONS AND PHYSICAL THERAPY WERE MEDICALLY NECESSARY.

E. RATIONALE OR BASIS FOR DECISION:

The services provided between 04/09/01 and 05/07/01 were medically necessary after careful review of the above medical records. The reviewed medical records document a compensable injury that occurred on the job. The enclosed SOAP notes and physical examination medical records document subjective findings that support the diagnoses given. Appropriate care was carefully documented for all dates of service that are in review. The patient's subjective complaints coordinate with the doctor's objective findings and treatment protocol.

F. 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: 19 September 2002