

MDR Tracking Number: M5-02-2509-01

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, office visits with manipulations, physical therapy, muscle testing, range of motion, and FCE were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services.

The above Findings and Decision are hereby issued this 24<sup>th</sup> day of September 2002.

Dee Z. Torres, 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 7-24-01 through 9-10-01 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 per Rule 133.307(j)(2).

This Order is hereby issued this 24th day of September 2002.

Roy Lewis, Medical Dispute Resolution Section  
Medical Review Division

RL/dzt

## NOTICE OF INDEPENDENT REVIEW DECISION

August 28, 2002

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2509-01  
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.

### Clinical History

This 28 year old male sustained a work related injury on \_\_\_ when he was climbing a ladder and fell 8 to 10 feet, landing on a piece of steel rebar that impaled his buttock, piercing his bladder. The patient was under the care of a chiropractor that billed for services from 07/24/01 through 09/10/01.

### Requested Service(s)

The following services provided from 07/24/01 through 09/10/01:

99213-MP - Office visit for established patient  
97265 - Manual therapy  
97250-59 - Manual therapy  
97110 - Therapeutic exercises  
97750-MT - Physical performance testing  
95851 - Range of motion

97750-FC - Physical performance testing  
97122 -Manual therapy

### Decision

It is determined that the following services provided from 07/24/01 through 09/10/01 were medically necessary to treat this patient's condition:

99213-MP - Office visit for established patient  
97265 - Manual therapy  
97250-59 - Manual therapy  
97110 - Therapeutic exercises  
97750-MT - Physical performance testing  
95851 - Range of motion  
97750-FC - Physical performance testing  
97122 -Manual therapy

### Rationale/Basis for Decision

Based on the medical record documentation, this patient had not reached maximum medical improvement (MMI) between 07/24/01 and 09/11/01. During these dates of service, the patient showed significant improvement in function. If the patient were at MMI prior to 07/24/01, there would have been little or no improvement in his condition or function. From 07/17/01 to 08/22/01, the patient's lumbar extension improved 150%, and lumbar flexion improved 68%. From the mechanism of injury and the CT scan on 07/11/01, damage was noted to the right inferior portion of the rectus abdominis, consistent with foreign body impalement. The rectus abdominis is an extremely important muscle in core stabilization and any damage to the integrity of this muscle and surrounding fascia will result in an increased duration of treatment and rehabilitation protocols. The American Academy of Orthopedic Surgeons and the North American Spine Society state in the clinical guidelines for low back pain developed in 1996, that acute low back pain should resolve in 4-6 weeks if there are no other complications such as trauma, infection or neurological defect. The patient sustained significant trauma, which was complicated by a pierced bladder. The medical record documentation indicates that the patient progressed through the phases of care logically and showed significant improvement. Therefore, the services provided from 07/24/01 through 09/10/01 were medically necessary.

Sincerely,