

MDR Tracking Number: M5-02-2916-01

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 majority of the issues of medical necessity. Services determined not medically necessary included the following CPT codes: 64550 (on dates; 7/10/01, 7/11/01, 7/30/01, 8/31/01, 10/11/01, 11/28/01), 99213 (on dates; 7/10/01, 7/11/01, 11/28/01) and 97022 (on dates; 1/28/02, 1/30/02, 2/11/02, 2/18/02 and 3/4/02). 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 treatment/services (including office visits, application of surface neurostimulator, therapeutic procedures, whirlpool, joint mobilization and electrical stimulation) was found to be medically necessary. The respondent raised no other reasons for denying reimbursement charges for the Chiropractic treatment/services.

This Finding and Decision is hereby issued this 7th day of October 2002.

Carol R. Lawrence  
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 7/2/01 through 3/4/02 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.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/crl

September 24, 2002

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

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\_\_\_ 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 \_\_\_ 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

The patient is a 42 year old female who sustained a work related injury while "pulling wood" as a part of her job activity for \_\_\_. The patient would lift sheets of plywood off a line and stack them. On this particular day two of the panels were stuck together and the patient pulled her neck and right shoulder when she unexpectedly lifted two sheets of plywood instead of one. Prior to the injury the patient had worked for about six months without incident or previous complaint of similar pain. The patient has not worked since the accident.

DECISION

The reviewer has a split decision in this case. He agrees with the prior adverse determination on the following dates of service for the specific codes listed:

<u>Date</u>	<u>Code</u>	<u>Date</u>	<u>Code</u>
July 10, 2001	99213	January 28, 2002	97022
	64550	January 30, 2002	97022
July 11, 2001	99213	February 18, 2002	97022
	64550	February 11, 2002	97022
July 30, 2001	64550	March 4, 2002	97022
August 31, 2001	64550		
October 11, 2001	64550		
October 15, 2001	64550		
October 26, 2001	64550		
November 28, 2001	99213		

The reviewer found the other services in question from July 2, 2001 through March 4, 2002 to be medically necessary.

BASIS FOR THE DECISION

The SOAP notes that are in question for July through November of 2001 are void of any objective findings and many of them lack any assessment or plan notations. \_\_\_ day notes from January 28, 2002 through March 4, 2002 showed palpation findings in the cervical spine (C2-3 and down) and the sub-occipital muscles. The reviewer fails to see the appropriateness or even the physical ability to use whirlpool therapy on the cervical region of the spine. Further, no need for the therapy was established in light that the patient was also receiving joint mobilization, electric stimulation and hot packs to the cervical regions on the same visit.

The reviewer based his opinions on the Texas Labor Code and treatment guidelines in effect at the time the service was rendered.

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,