

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 **or January 1, 2003** 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 amount due for the services found medically necessary do not exceed the amount for the services found medically necessary. Therefore, the Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission hereby **Declines to Order** the respondent to refund the requestor for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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 disputed A.D.L therapy and MMI-IR report of 12/12/01 were found to be medically necessary. The work conditioning provided from 11/26/01 through 12/6/01, office visits provided from 12/10/01 through 3/25/02 and physical therapy provided on 12/17/01 were not medically necessary. The respondent raised no other reasons for denying reimbursement.

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 date of service 11/26/01 through 3/25/02.

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 13th day of May 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

November 7, 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 #: M5-02-2973-01
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 33 year old female sustained a work related injury on ___ when she slipped while cleaning a classroom and fell against a metal desk injuring her left knee and coccygeal region. On 02/15/02 the patient underwent a left knee arthroscopy. From 11/26/01 through 03/25/02, the patient was under the care a chiropractor who provided work conditioning, office visits, MMI-IR report review, A.D.L./therapy, and physical therapy.

Requested Service(s)

Work conditioning, office visits, MMI-IR report review, A.D.L./therapy, and physical therapy provided from 11/26/01 through 03/25/02.

Decision

It is determined that the A.D.L./therapy provided on 12/12/01 and the MMI-IR report review provided on 12/12/01 were medically necessary to treat this patient's condition.

It is determined that the work conditioning provided from 11/26/01 through 12/06/01, office visits provided from 12/10/01 through 03/25/02, and physical therapy provided on 12/17/01 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The office visits provided from 12/10/01 through 03/25/02 did not include appropriate history or indications from examinations. There was no expanded problem focused history; no expanded problem focused examination, and no medical decision making of low complexity.

The physical therapy provided on 12/17/01 was passive modalities. Passive care applications are a first-degree level of care resolved for acute conditions. This patient had been progressed to third degree levels of care with no need for regression. These levels of care have been set forth in the North American Spine Society, Phase III Clinical for Multidisciplinary Spine Care Specialist, published in 2000.

The work conditioning provided from 11/26/01 through 12/06/01 was not medically necessary for this patient. The patient was previously enrolled in work hardening on 05/08/01 with minimal documented success. The patient is a candidate for a chronic pain management program and would not benefit from single disciplinary care applications (work conditioning) when it has been documented that an interdisciplinary program (work hardening) was not successful.

The A.D.L /therapy provided on 12/12/01 was appropriate patient education and was necessary because it falls outside levels of care and can be introduced at any time when clinically justified.

The MMI-IR provided on 01/21/02 was necessary and appropriate due to the treating doctor's ability to assess capabilities and calculate an impairment of function.

Therefore the A.D.L./therapy provided on 12/12/01 and the MMI-IR provided on 12/12/01 were medically necessary to treat this patient's condition. However, the work conditioning provided from 11/26/01 through 12/06/01, office visits provided from 12/10/01 through 03/25/02, and physical therapy provided on 12/17/01 were not medically necessary to treat this patient's condition.

Sincerely,