

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 requestor withdrew CPT code 97265 on dates of service 6/25/01 and 7/16/01, and CPT code 99078 on 7/17/01, therefore the remaining dates of service were medical necessity issues only.

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. 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 MRI's (6/23/01, 7/7/01), aqua therapy (10/17/01, 10/19/01, 10/22/0, 10/24/01) and five office visits (3/25/02, 3/27/02, 4/1/02, 4/3/02 & 4/5/02) were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these MRI, aqua therapy and office visit charges.

This Finding and Decision is hereby issued this 24th day of January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer

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 6/23/01 through 4/5/02 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 24th day of, January 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

January 10, 2003

Revised

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Re: Medical Dispute Resolution
MDR# : M5-02-2991-01
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 Board Certified in Chiropractic medicine.

Clinical History:

This claimant sustained injuries to the cervical spine, thoracic spine, and lumbar spine on ___.

Disputed Services:

Office visits, MRI, aquatic therapy, joint mobilization, mechanical traction therapy and myofascial release during the period of 06/23/01 through 04/05/02.

Decision:

The reviewer partially agrees with the insurance carrier. The reviewer is of the opinion that the MRI's on 06/23/01 & 07/07/01, the office visits on

3/25/02, 3/27/02, 04/01/02, 04/03/02 & 04/05/02, and the aquatic therapy on 10/17/01, 10/19/01, 10/22/01 & 10/24/01 **were medically necessary.**

The reviewer is of the opinion that the group health education on 07/17/01, joint mobilization on 06/25/01, 07/16/01, 3/20/02, 03/25/02 & 04/01/02, and the mechanical traction on 03/20/02, 03/25/02, 03/27/02, 04/01/02, 04/03/02 & 04/05/02, and myofascial release on 04/03/02 **were not medically necessary.**

Rationale for Decision:

The office visits on 3/25/02, 3/27/02, 04/01/02, 04/03/02 & 04/05/02, were used to evaluate the patient's condition and make appropriate decisions in regards to treatment.

The MRI's on 06/23/01 & 07/07/01 of the cervical spine, thoracic spine and lumbar spine were necessary, taking into account the history, the nature of the injury, continued symptoms and positive orthopedic tests.

The aquatic therapy administered on 10/17/01, 10/19/01, 10/22/01 & 10/24/01 were necessary as active therapy is cumulative in nature. Some patients require one-on-one work due to their physiological and psychological makeup. It is up to the treating doctor to decide if the patient needs this type of one-on-one care. A paper review cannot determine the patient's psyche.

Documentation provided does not substantiate the group health education provided on 07/17/02. Not enough information was provided in the record to justify medical necessity.

The records provided do not exhibit the need for more than one joint mobilization procedure per day, making one of these procedures on 06/25/01, 07/16/01, 3/20/02, 3/25/02 & 04/01/02 not medically necessary.

The explanation provided in the record of an assistant's applying ice to the patient for a period of time does not correlate with the definition of mechanical traction.

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 who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,