

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. 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 chiropractic services (office visits, range of motion and therapy) were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these chiropractic services charges.

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

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 12/7/01 through 4/8/02 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

NOTICE OF INDEPENDENT REVIEW DECISION

December 11, 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 #: M5-02-3046-01
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 48 year old female sustained a work-related injury on ___ when she slipped on a wet floor hitting her head and injuring her left shoulder, left knee and left hip. The patient's diagnoses include cervical, lumbar, left shoulder and left wrist sprain/strain, lumbar disc displacement, and torn meniscus of the left knee. Surgical intervention has included left wrist surgery on 06/20/01 and arthroscopic knee surgery on 01/29/02. Conservative treatment has included chiropractic services from 12/02/01 through 04/08/02.

Requested Service(s)

Chiropractic services from 12/02/01 through 04/08/02

Decision

It has been determined that the chiropractic services from 12/02/01 through 04/08/02 were medically necessary.

Rationale/Basis for Decision

The patient had sharp, strong pain in the cervical, thoracic and lumbar spine in December 2001. Her visual analog score was 0.2 of 10. On palpitation there was moderate spasm and tenderness in the C1-C7 and L1-L5 spinal levels, as well as in the left shoulder, left wrist and left knee. On December 7, 2001 the examination indicated decreased range of motion of the cervical and lumbar spine, left shoulder, left knee and left wrist. In addition, the Phalen's, Apley, Scratch, and Gaebleslen's test were positive bilaterally. Manipulation consisted of diversified maneuvers to the thoracic and lumbar spine. There was continued documentation of symptoms and abnormal signs through April 8, 2002. Therefore the chiropractic services from 12/02/01 through 04/08/02 were medically necessary.

Sincerely,