

MDR Tracking Number: M5-02-3178-01

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. 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 therapeutic procedure and myofascial release/soft tissue mobilization were found to be 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 dates of service 4/2/02 through 5/7/02.

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 23rd day of May 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

May 20, 2003

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

RE: MDR Tracking #: M5-02-3178-01
IRO Certificate #:IRO4326

___ 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. ___'s 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 patient sustained an on the job injury on ___ working as a monitor on a school bus. The driver stopped suddenly and she rammed into a seat then caught her right leg as she fell. She has been treated by her chiropractor and currently reports symptoms at the right buttock, right posterior thigh, and occasionally into her calf and ankle. The patient currently rates her pain as 3/10. She was been seeing a physical therapist two times per week.

Requested Service(s)

Therapeutic procedure and myofascial release/soft tissue mobilization

Decision

It is determined that the therapeutic procedure and myofascial release/soft tissue mobilization were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient received previous treatment that provided temporary improvement. The patient's symptoms were present on the initial examination and her injuries interfered with activities of daily living. Objective findings included a significant decrease in range of motion, and right buttock pain with a 70-degree straight leg raise, and inability to perform ten heel raises or heel walk. These all signify that specific weaknesses were present.

Each visit was properly documented with subjective symptoms, objective findings, assessment, and plan. The discharge summary revealed documented improvement in her subjective symptoms and objective findings. Therefore, the therapeutic procedure and myofascial release/soft tissue mobilization were medically necessity.

Sincerely,