

MDR Tracking Number: M5-03-0906-01

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, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of 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 DME supply (lumbosacral support) was found to be medically necessary. The joint mobilization treatment/services rendered from 6/14/02 through 8/5/02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these DME supply (lumbosacral support) charges.

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 6/14/02 through 8/5/02 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 24<sup>th</sup> day of June 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

March 4, 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 #: M5-03-0906-01  
IRO Certificate #: IRO4326

The \_\_\_ 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 45 year old female sustained a work-related injury on \_\_\_ during an arrest as a police officer. The patient fell on wet concrete while wrestling with a perpetrator. She landed on her back and began to experience right leg pain and low back pain at the sacral region. An MRI of the lumbar spine was performed on 06/21/02 that was interpreted to be within normal limits. The patient was under chiropractic care from 06/14/02 through 08/05/02.

#### Requested Service(s)

Joint mobilization and supplies (lumbosacral support) from 06/14/02 through 08/05/02.

#### Decision

It is determined that supplies were medically necessary to treat this patient's condition. However, the joint mobilization was not medically necessary.

#### Rationale/Basis for Decision

The medical record documentation indicates that the patient had spinal fixations in the lower thoracic, lumbar and sacroiliac joints. These fixations were corrected by the chiropractor using spinal manipulations. With the fixations corrected by the manipulations, there is no indication that soft tissue joint mobilization was necessary. Manipulation is defined as the thrusting of vertebrae that moved the joint beyond the physiological end point but not to ligament rupture. Joint mobilization is movement of a joint up to the physiological end point. Therefore, if a manipulation is performed, and fixations cleared, there is no need for joint mobilization of the same area unless joint stiffness is still felt upon static palpation which was not stated in the clinic notes. The lumbosacral support given as supplies to the patient was medically necessary to help with lumbar muscle stability and to help decrease spasms. Therefore, the supplies were medically necessary while the joint mobilization was not medically necessary.

Sincerely,