

MDR Tracking Number: M5-03-1713-01

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 chiropractic treatment/services were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these chiropractic treatment/service charges.

This Finding and Decision is hereby issued this 24th day of June 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 11/4/02 through 12/4/02 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 June 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

June 17, 2003

MDR Tracking #: M5-03-1713-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

This 61-year-old female reported to ___ on ___ for evaluation of injuries sustained at work ___. She complained of lower back pain, right knee pain, right ankle and a foot pain, swelling in the right ankle and radiating leg pain. She was in the normal course of her job when she stepped off a bus and twisted her knee, ankle and lower back ___ saw her the following day for evaluation. She was diagnosed with disc displacement of the lumbar spine without myelopathy, internal derangement of the right knee, lumbar facet syndrome and sprains and strains of the right ankle and foot. An MRI of the lumbar spine dated 1/26/02 confirmed a 2mm disc protrusion at L1/2 with narrowing of the thecal sac; a 2mm protrusion at L2/3 with narrowing of the thecal sac; disc degeneration and dessication and a 3 mm protrusion causing narrowing of the thecal sac at L3/4; 5mm mid-line disc protrusion causing narrowing of the ventral aspect of the thecal sac at L3/4; 3mm mid-line disc protrusion causing narrowing of the thecal sac at L5/S1. An MRI of

the right knee dated 11/3/01 found a tear of the posterior horn of the medial meniscus, moderate and significant osteoarthritis and a possible strain of the ACL. Care was performed from 10/18/02 through approximately 7/2/02, at which time she was moved to a home exercise program. She was not reevaluated from 7/2/02 until she returned to the clinic with complaints of flare-ups in her condition on 11/4/02. At that time, she was complaining of the same symptoms she had been previously treated for. She was having difficulty performing certain activities at home and work, such as bending, lifting, squatting and prolonged sitting and standing. Care was reinstated on 11/4/02 and concluded on 12/4/02. Care consisted of passive modalities and rehabilitative exercises. She had excellent improvement with regard to her baseline objective outcome assessment tools that were taken on 11/4/02 and then repeated on 12/4/02. Her condition had returned to or exceeded her previous baselines and the doctor felt her condition had reached a plateau. She was released to continue a home exercise program and instructed to follow-up as her symptoms dictated.

DISPUTED SERVICES

Under dispute is the medical necessity of chiropractic treatment and services provided from 11/4/02 through 12/4/02.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Texas Labor Code 408.021 Entitlement to Medical Benefits allows for medically necessary care for all employees who sustain a compensable injury. Further, the employee is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that:

- 1) Cures the effects naturally resulting from the compensable injury or
- 2) Relieves the effects naturally resulting from the compensable injury or
- 3) Promotes recovery or
- 4) Enhances the ability of the employee to return to employment or
- 5) Enhances the ability of the employee to retain employment

In this case, ___ provided care that met one or more of the above. His clinical records are very clear in this case. Based on the definitions of medical necessity as outlined by Texas Labor Code 408.021, the care rendered was medically necessary.

The treating doctor did a very good job with respect to the care he provided this patient. In fact, the reviewer finds that this doctor's methods of objective testing and reporting to be very beneficial in determining necessary care, not only for the treating doctor, but also for the carrier. The treating doctor's records are consistent with the mechanism of injury, diagnosis and subjective reporting of the patient. The patient's progress was excellent with a very short duration of care. The reviewer finds that this patient will more likely than not require future care as related to this injury, and this care may include reinstatement of chiropractic manipulation, physical therapy or possible surgery.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, dba ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,