

MDR Tracking Number: M5-04-0027-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General 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. This dispute was received on 08-29-03.

The IRO reviewed office visits, physical therapy exercise, manual traction therapy, myofascial release, joint mobilization and range of motion measurements rendered from 04-07-03 through 07-08-03 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for office visits, physical therapy exercise, manual traction therapy, myofascial release, and joint mobilization rendered 04-28-03 through 06-10-03. On this basis, the total amount recommended for reimbursement (\$1765.00) 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.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for office visit on 04-07-03 and office visits, physical therapy exercise, manual traction therapy, myofascial release, joint mobilization and range of motion measurements rendered from 06-11-03 through 07-08-03. 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 not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 12-03-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. Relevant information was not submitted by the requestor in accordance with Rule 133.309 (g)(3) to confirm delivery of service for the fee component for dates of service 01-09-03 and 01-22-03 in this dispute. Therefore reimbursement is not recommended.

This Decision is hereby issued this 9th day of March 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 04-07-03 and 06-11-03 through 07-08-03 in this dispute.

This Order is hereby issued this 9th day of March 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

December 2, 2003
Amended March 4, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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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 reviewer is on the TWCC Approved Doctor List (ADL). 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

___ was injured on the job at ___ in ___, when she slipped on some oil on the floor, falling on her hands and knees. She has suffered neck, back, shoulder, arm, wrist, knee pain. Her doctor has initiated a therapeutic exercise program which the carrier has denied as unnecessary.

DISPUTED SERVICES

Under dispute is the medical necessity of range of motion measurements, physical therapy exercise, manual traction therapy, myofascial release, joint mobilization and office visits.

DECISION

The reviewer both agrees and disagrees with the prior adverse determination.

Office visits of 4/7/2003, 6/11/2003, 6/12/2003, 6/17/2003, 6/24/2003, 6/26/2003, 6/27/2003, 7/1/2003, 7/3/2003, 7/8/2003 were found to be medically necessary.

All treatment, including office visits, from 4/28/2003 through 6/10/2003 lack documentation, and so are not found to be medically necessary.

All treatment 6/11/2003 through 7/8/2003 was found to be medically necessary.

BASIS FOR THE DECISION

There were office notes only for 4/7/2003 and for 6/11/2003 through 7/8/2003. Treatment from 4/7/2003 through 7/8/2003 was denied by the carrier as not medically necessary. In order to review these procedures for medical necessity, documentation must be made available for review. The requestor did not include any documentation of these services other than EOB's and HCFA's, which are not sufficient to determine medical necessity. The carrier's documentation included notes for the dates of services listed above. This patient should be afforded every opportunity for improvement before undergoing a more radical procedure such as surgery, and thus, the therapeutic procedures were reasonable for those dates which were properly documented.

___ 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 ___, 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,