

MDR Tracking Number: M5-04-0121-01

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. The dispute was received on 9-8-03.

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(r)(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 range of motion, muscle testing (DeLorme muscle testing and Dynatron human performance test), joint mobilization, myofascial release, therapeutic exercises, group therapeutic procedure, large cryopack, and analgesic balm were found to be medically necessary. The OTC muscle relaxers were found to be not medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

The above Findings and Decision are hereby issued this 18<sup>th</sup> day of December 2003.

Dee Z. Torres  
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 9-9-02 through 10-9-02 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 18th day of December 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

**Amended Letter**  
**Note: Rationale/Basis for Decision**

November 19, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-0121-01  
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 a back injury on \_\_\_ when a child pushed her down and she struck her lower back on a metal socket and immediately felt pain. She saw a chiropractor for treatment and therapy.

Requested Service(s)

Range of motion testing, Dynatron human performance testing, large cryopack, over-the-counter muscle relaxers, analgesic balm, joint mobilization, myofascial release, therapeutic exercises and group therapeutic procedure from 09/09/02 through 10/09/02

Decision

It is determined that range of motion testing, Dynatron human performance testing, large cryopack, analgesic balm, joint mobilization, myofascial release, therapeutic exercises and

group therapeutic procedure from 09/09/02 through 10/09/02 were medically necessary to treat this patient's condition. However, the over-the-counter muscle relaxers were not medically necessary to treat this patient's condition.

#### Rationale/Basis for Decision

In reviewing the medical record, it is not clear if this patient has been exposed to a controlled trial of manipulative therapeutics and functional rehabilitation. During the initiation of a controlled trial of therapeutics, baseline data like function and active range of motion must be collected to determine the efficacy of the implemented trial.

The treating provider initiated a treatment plan with specific goals and options for progressing the patient to a more functional state. Immediately, the provider understood the need to educate the patient on the importance of establishing a home rehabilitation program to run concurrently with clinical supervised applications. The documentation reviewed shows evidence supporting the need for the treatment modalities rendered for this patient. Therefore, it is determined that range of motion testing, Dynatron human performance testing, large cryopack, analgesic balm, joint mobilization, myofascial release, therapeutic exercises and group therapeutic procedure from 09/09/02 through 10/09/02 were medically necessary to treat this patient's condition. However, the over-the-counter muscle relaxers were not medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- Kankaanpaa M, Taimela S, Airaksinen O. *The efficacy of active rehabilitation in chronic low back pain. Effect on pain intensity, self-experienced disability, and lumbar fatigability.* Spine. 1999 May 15;24(10):1034-42.
- Konstantinou K, Foster N, Rushton A, Baxter D. *The use and reported effects of mobilization with movement techniques in low back pain management: a cross-sectional descriptive survey of physiotherapists in Britain.* Man Ther. 2002 Nov;7(4):206-14.
- *Overview of implementation of outcome assessment case management in the clinical practice.* Washington State Chiropractic Association; 2001. 54p.

Sincerely,