

MDR Tracking Number: M5-04-0188-01

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 09-15-03

The IRO reviewed therapeutic exercises, therapeutic activities, and office visits rendered from 07-14-03 through 07-30-03 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for therapeutic exercises, therapeutic activities, and office visits. 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 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 11-24-03, 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.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
07-08-03	95851 (2 units)	\$72.00	G	\$0.00	\$36.00 per unit	MFG MGR (I)(E)(4)	Range of Motion testing is not considered global to any other service billed on this date. Requestor submitted SOAP notes to support services rendered as billed. Reimbursement is recommended. \$72.00 (\$36.00 for 2 units)
TOTAL		\$72.00					The requestor is entitled to reimbursement of \$ 72.00

This Decision is hereby issued this 12<sup>th</sup> 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 07-08-03 through 07-30-03 in this dispute.

This Order is hereby issued this 12<sup>th</sup> day of March 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION      **Amended Letter**  
November 20, 2003      **Note:** Decision

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 #:                    M5-04-0188-01  
      IRO Certificate #:                 IRO 4326

\_\_\_ 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 patient sustained injuries to his head, neck, mid back, lumbar spine, and right elbow on \_\_\_ when he fell backward and struck his head on a brick wall.

His main complaints are of headache, cervical and right elbow pain. MRIs dated 06/13/03 revealed olecranon bursitis and lateral epicondylitis of the right elbow, changes in the brain compatible with migraine, and disc protrusions at C4-5, C5-6, and C6-7. He was seeing a chiropractor for treatment and therapy.

### Requested Service(s)

Subsequent office visit, therapeutic exercises, and therapeutic activities from 07/08/03 through 07/30/03

### Decision

It is determined that the subsequent office visit, therapeutic exercises, and therapeutic activities from 07/08/03 through 07/30/03 were medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

It is evident from the medical record reviewed that the patient sustained injuries in his \_\_\_ work accident that were greater than a simple contusion to the face and scalp. The initial provider's record fails to explain why work restrictions were applied for a face/scalp contusion from 05/15/03. The current provider implemented a true multidisciplinary therapeutic model in the management of this patient. Further diagnostic imaging and medical referrals show a medically necessitated basis for the care applied from 07/03/03 through 07/30/03.

Review of the medical documentation must take into account the age and previous health of the patient. It is evident that a number of the pathology disclosed displayed a pre-existing element. However, it is also clear that the patient did not sustain a simple contusion of the face/scalp. The patient did need a course of physiotherapeutics and did need to have baseline functional documentation of the efficacy of the implemented trials. It is evident that the treating provider did document his trials of therapy from 07/08/03 through 07/30/03.

The examination of the patient in which he was placed at maximum medical improvement (MMI) on 07/21/03 is appropriate. However, it is clear that the patient needed to be transitioned to upper level therapeutics in a much more expeditious manner following the prescribed date of MMI on 07/21/03. This patient was a clear candidate for upper level therapeutics given his age and industry to which he was returning. Therefore, it is determined that the subsequent office visit, therapeutic exercises, and therapeutic activities from 07/08/03 through 07/30/03 were medically necessary.

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

- *Clinical practice guidelines for chronic, non-malignant pain syndrome patients II: An evidence-based approach.* J Back Musculoskeletal Rehabil 1999 Jan 1;13;47-58.
- Levoska S, Keinanen-Kiukaanniemi S. *Active or passive physiotherapy for occupational cervicobrachial disorders? A comparison of two treatment methods with a 1-year follow-up.* Arch Phys Med Rehabil. 1993 Apr;74(4):425-30.
- *Overview of implementation of outcome assessment case management in the clinical practice.* Washington State Chiropractic Association; 2001. 54p.

- Wright A, Mayer TG, Gatchel RJ. *Outcomes of disabling cervical spine disorders in compensation injuries. A prospective comparison to tertiary rehabilitation response for chronic lumbar spinal disorders.* Spine 1999 Jan 15; 24(2): 178-83

Sincerely,