

MDR Tracking Number: M5-04-0350-01

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 10-06-03. In accordance with Rule 133.307(d)(1) a dispute on a carrier shall be considered timely if it is filed with the division no later than one year after the dates of service in dispute therefore date of service 10-02-02 in dispute is considered untimely.

The IRO reviewed office visits, therapeutic exercises, electrical stimulation, and myofascial release rendered from 10-21-02 through 05-28-03 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for therapeutic exercises, electrical stimulation, and myofascial release. On this basis, the total amount recommended for reimbursement (\$359.00) 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 visits. 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 December 16, 2003, 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 Medical Review Division is unable to review this dispute for fee issues. Documentation was not submitted in accordance with Rule 133.307(g)(3) to confirm services were rendered for dates of service 10-07-02, 10-09-02, 10-14-02, and 08-12-03. Therefore reimbursement is not recommended.

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 10-21-02 through 05-28-03 in this dispute.

This Decision is hereby issued this 12th day of February 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

December 10, 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 #: M5-04-0350-01
IRO Certificate #: IRO4326

___ 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 an injury on ___ when she slipped on a wet floor and fell, landing on her left shoulder, arm, hip, and knee. MRIs dated 03/20/01 revealed left tendinosis and partial tear of the central portion of the distal rotator cuff, a left wrist tear of the triangular fibrocartilage complex, and disc protrusion at L4-5 and L5-S1 pressing upon the thecal sac. She saw a chiropractor for treatment and therapy. She also underwent a left knee arthroscopy for medial and lateral meniscal tear repairs on 01/29/02.

Requested Service(s)

Office visits, therapeutic exercises, electrical stimulation, and myofascial release from 10/21/02 through 05/28/03

Decision

It is determined that the office visits from 10/21/02 through 05/28/03 were medically necessary to treat this patient's condition. However, therapeutic exercises, electrical stimulation, and myofascial release from 10/21/02 through 05/28/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This is a complicated case in the fact that there were multiple areas of injuries and even after intensive treatment, problems continued. This allowed for more treatment than what would normally be accepted.

Passive or active therapy for approximately two years after the injury is not usually appropriate. However, an occasional office visit is allowed for case management of the significant injuries she incurred. An active home exercise program along with occasional chiropractic adjustment would be considered medically necessary for the ongoing treatment of this patient's on the job injury. Therefore, it is determined that the office visits from 10/21/02 through 05/28/03 were medically necessary. However, therapeutic exercises, electrical stimulation, and myofascial release from 10/21/02 through 05/28/03 were not medically necessary.

Sincerely,