

MDR Tracking Number: M5-04-0545-01

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 10-22-03.

The IRO reviewed muscle testing (physical performance test), office visits, therapeutic exercises, and therapeutic activity rendered from 10-16-01 through 12-28-01 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 muscle testing (physical performance test), office visits, therapeutic exercises, and therapeutic activity. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 12-23-03, 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
8-04-03-	95851 (2 units)	\$68.48	\$0.00	F	\$36.00/ per unit		Soap notes support delivery of service. Recommended Reimbursement \$68.48
TOTAL		\$68.48					The requestor is entitled to reimbursement of \$68.48

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 08-04-03 in this dispute.

This Decision is hereby issued this 24th day of May 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

December 18, 2003

Amended Letter
Note: Injured Employee Name

MDR Tracking #: M5-04-0545-01
IRO Certificate #: IRO4326

The ___ 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 an injury on ___ when he fell backwards and hit his head on a brick wall. He reported pain to his head, neck, mid back, lumbar spine, and right elbow. A designated doctor evaluation (DDE) placed him at maximum medical improvement (MMI) on 07/21/03 with an impairment rating of 9%.

Requested Service(s)

Subsequent office visits, therapeutic exercises, therapeutic activity, and physical performance test or measurement from 08/04/03 through 08/07/03

Decision

Subsequent office visits, therapeutic exercises, therapeutic activity, and physical performance test or measurement from 08/04/03 through 08/07/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient had been under chiropractic care for an extended period of time since his injury and there were no records for dates of service prior to 08/04/03 provided that would support the medical necessity of continued treatment. The duration of care in this case has exceeded the typical duration of care for chiropractic case management of nonspecific neck and back injuries.

Triano studied the differences in treatment history with manipulation for acute, subacute, and recurrent spine pain and found that all but 25 (10.37%) of the original 241 patients in the study had their conditions resolve in six weeks or less (*Triano, J.J., et al, "Differences in treatment history with manipulation for acute, subacute, chronic, and recurrent spine pain", JMPT, 15:24-30, 1992*).

Haldeman reported that manipulation appears to have its greatest effect immediately following treatment and during the initial two to six weeks on ongoing treatment. Haldeman noted that the effectiveness of manipulation for the management of back pain seems to be minimal at three months to 12 months (*Haldeman, S. "Spinal manipulative therapy: A status report:, Clinical Orthopedics and Related Research, 179:62-70, 1983*).

Sincerely,