

MDR Tracking Number: M5-04-0621-01

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 10-29-03.

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 \$650** 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.

The following disputed date of service was withdrawn by the requestor on March 11, 2004:
1/23/03.

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 office visits, hot/cold packs therapy, ultrasound therapy, therapeutic exercises, and paraffin bath therapy from 1/23/03-3/13/03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 1/23/03 through 3/13/03 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 Decision and Order is hereby issued this 12th day of March 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 1, 2004

Re: IRO Case # M5-04-0621

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is board Certified in Physical Medicine and Rehabilitation, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 53-year-old female who injured her right shoulder in ___ when she was reaching above shoulder level to retrieve a large box of envelopes and felt a pop and an acute onset of pain in her shoulder, elbow and wrist. Physical therapy failed to be of benefit and arthroscopic surgery was performed on 7/30/02. Post operatively the patient was treated with physical therapy and continued to improve in range of motion, strength and activity tolerance. The patient was injured again on ___ when she fell and injured her low back, right ankle, left hand and wrist. A 1/22/03 MRI of the left wrist indicated a bone contusion and nondisplaced fracture, changes consistent with post traumatic osteoarthritic changes, torn triangular fibrocartilage, tenosynovitis of the second extensor compartment, and a torn lunatotriquetral ligament. Physical therapy was recommended for the new injuries, and also for the shoulder.

Requested Service(s)

Ovs, hot/cold packs, ultrasound tx, therapeutic exercises 1/23/03 –3/13/03

Decision

I disagree with the carrier's decision to deny the requested services.

Rationale

The patient originally injured her shoulder in ___ and was appropriately treated by her physician. She then suffered a new injury when she fell in ___. This was a new and separate injury, for which the patient was treated appropriately. Treatment included eight sessions of physical therapy, including active physical therapy exercise. Ultrasound was properly part of the therapy for the low back, and paraffin was necessary to treat the patient's wrist.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.