

MDR Tracking Number: M5-04-0785-01

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 (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 November 13, 2003.

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 therapeutic procedures, group therapeutic procedures, physical medicine therapy, office visits and special reports 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 12/31/02 through 03/24/03 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 Order is hereby issued this 6th day of February 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

February 2, 2004

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 #: M5-04-0785-01
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 repetitive injury reported on ___ from continuous talking on the phone and typing. She describes her pain as throbbing and traveling up the left wrist and arm. She was diagnosed with cubital tunnel syndrome and lateral epicondylitis, left elbow, which were repaired surgically on 08/16/02.

Requested Service(s)

Therapeutic procedures, group therapeutic procedures, physical medicine therapy, office visits, and special reports from 12/31/02 through 03/24/03

Decision

It is determined that the therapeutic procedures, group therapeutic procedures, physical medicine therapy, office visits, and special reports from 12/31/02 through 03/24/03 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient underwent surgical intervention for her condition and began a course of rehabilitation in October of 2002.

She was evaluated by her treating doctor on 10/24/02 and 12 sessions were ordered and rendered from 10/24/02 through 12/18/02. Once these were completed, an evaluation revealed the need for an additional 12 sessions. A final evaluation and report were done on 03/24/03.

Chiropractic treatment guidelines allow for post surgical rehabilitation, as in this case. Once this patient's surgeon felt she had recovered sufficiently from her surgery, he recommended she begin rehabilitation. Twenty-four visits are within acceptable standards of chiropractic care for post operative treatment. In conjunction with the active therapy, occasional use of passive therapy is necessary to treat the active symptoms that are usually associated with an increase in activity. Therefore, it is determined that the therapeutic procedures, group therapeutic procedures, physical medicine therapy, office visits, and special reports from 12/31/02 through 03/24/03 were medically necessary.

Sincerely,