

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-4596.M5

MDR Tracking Number: M5-04-1053-01

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 December 11, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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 special report (TWCC-73) was found to be medically necessary for 01-13-03. The office visits; hot/cold packs, electrical stimulation, ultrasound, myofascial release and electrodes from 01-13-03 through 03-21-03 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for services listed above.

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 date of service 01-13-03 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 Order is hereby issued this 4th day of March 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

February 25, 2004

MDR Tracking #: M5-04-1053-01
IRO Certificate #: IRO 4326

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 Medicine. ___ 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 off a curb, landing with her right wrist outstretched and hitting her shoulder and right knee. She has been seeing a chiropractor as well as pain management, neurologist, orthopedic and ortho-spine specialists. She has conservative therapy consisting of physical therapy, anti-inflammatory and analgesic medications, and epidural steroid injections.

Requested Service(s)

Office visits, special reports, hot/cold packs, electrical stimulation, ultrasound, myofascial release, and electrodes from 01/13/03 through 03/21/03

Decision

It is determined that the special report (TWCC-73) was medically necessary to treat this patient's condition. However, the office visits, hot/cold packs, electrical stimulation, ultrasound, myofascial release, and electrodes from 01/13/03 through 03/21/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The rationalization given by the provider to continue with the application of continued passive therapeutics is not appropriate given the medical record forwarded for review. It is clear that the claimant has progressed beyond passive unidisciplinary therapeutic applications. Application of lumbar injection series does not warrant the concurrent application of passive therapeutics. The patient was not post-surgical and it is not appropriate for the continued regression to passive therapeutic applications.

The management of this patient would now be to train in active, patient-driven applications and to cease passive therapeutics. This will lessen any reliance on the application of passive clinical therapeutics like office visits, hot/cold packs, electrical stimulation, ultrasound, and myofascial release. Functional capacity evaluation (FCE) performed on 05/30/03 revealed that the patient can function within the Light Physical Demands Classification (PDC).

Therefore, it is determined that the special report (TWCC-73) was medically necessary to treat this patient's condition. However, the office visits, hot/cold packs, electrical stimulation, ultrasound, myofascial release, and electrodes from 01/13/03 through 03/21/03 were not medically necessary.

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

- Adult Low Back Pain. Institute for Clinical Systems improvement; 2001, May. 50p.
- *Unremitting low back pain. In: North American Spine Society phase III clinical guidelines for multidisciplinary spine care specialists.* North American Spine Society. Unremitting low back pain. North American Spine Society (NASS); 2000. 96p.
- Karjalainen K, et al. *Multidisciplinary biopsychosocial rehabilitation for subacute low back pain among working age adults.* Cochrane Database Syst Rev. 2003; 28(19): E391-E395.
- Schonstein E. MHPed, et al. *Physical Conditioning Programs for Workers With Back and Neck Pain: A Cochrane Systematic Review.* Spine 2003; 28(19): E391-E395.

Sincerely,