

MDR Tracking Number: M5-04-1189-01

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 29, 2003.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 12/29/03, therefore the following date(s) of service are not timely: 12-27-02

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 neuromuscular re-education, therapeutic activities, office visits, and therapeutic exercises from 12-31-02 through 02-28-03 **were** found to be medically necessary. The unlisted procedures, medical conference, unlisted modality, electrical stimulation, prolonged evaluation, and hot/cold packs from 12-31-02 through 09-17-03 **were not** found to be medically necessary. Also, the neuromuscular re-education, therapeutic activities, office visits, and therapeutic exercises from 03-01-03 through 09-17-03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for listed services.

This Findings and Decision is hereby issued this 3<sup>rd</sup> day of June 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

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 02-28-03 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 3<sup>rd</sup> day of June 2004.

David R. Martinez, Manager  
Medical Dispute Resolution  
Medical Review Division

DRM/pr

NOTICE OF INDEPENDENT REVIEW DECISION

April 8, 2004

**AMENDED LETTER**

MDR Tracking #: M5-04-1189-01  
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 a crane dumped a heavy load into his dump truck, causing him to be jerked around. He reported constant back pain radiating into his buttocks. He saw a chiropractor for treatment and therapy.

Requested Service(s)

Neuromuscular re-education, office visits, therapeutic activities, unlisted procedures, medical conference, unlisted modality, electrical stimulation, prolonged evaluation, therapeutic exercises, and hot/cold packs, from 12/31/02 through 09/17/03.

### Decision

It is determined that neuromuscular re-education, therapeutic activities, office visits, and therapeutic exercises from 12/31/02 through 02/28/03 were medically necessary. Unlisted procedures, medical conference, unlisted modality, electrical stimulation, prolonged evaluation, and hot/cold packs, from 12/31/02 through 09/17/03 were not medically necessary. Neuromuscular re-education, therapeutic activities, office visits, and therapeutic exercises from 03/01/03 through 09/17/03 were not medically necessary.

### Rationale/Basis for Decision

Two to six weeks of passive care followed by two to three months of active care are reasonable for this type of injury. An initial trial of passive care with progression into active care was appropriate. However, the intensity and frequency of treatment this patient received was much greater than this. Once it was evident that the patient was not progressing satisfactorily, he was referred and injections were recommended. However, the intense chiropractic care and physical therapy was continued without justification to continue chiropractic care and physical therapy. The patient failed to achieve appropriate positive subjective and objective results during the months of care he received. Therefore, the neuromuscular re-education, activities, office visits, and therapeutic exercises from 12/31/02 through 02/28/03 were medically necessary; the unlisted procedures, medical conference, unlisted modality, electrical stimulation, prolonged evaluation, and hot/cold packs, from 12/31/02 through 09/17/03 were not medically necessary; and the neuromuscular re-education, therapeutic activities, office visits, and therapeutic exercises from 03/01/03 through 09/17/03 were not medically necessary.

Sincerely,