

MDR Tracking Number: M5-04-1199-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 12-23-03.

The IRO reviewed therapeutic activities, therapeutic exercises, myofascial release, hot/cold packs, and vasopneumatic devices on 6-5-03 and 6-9-03

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 \$650.00** 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 3-17-04, 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 requestor failed to submit relevant information to support components of the fee dispute. Therefore, no review can be conducted and no reimbursement recommended for the fee component.

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 Order is applicable for dates of service 6-5-03 through 6-9-03 in this dispute.

This Order is hereby issued this 3rd day of June 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

March 15, 2004

IRO Certificate # 5259
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An independent review of the above-referenced case has been completed by a medical physician board certified in neurology. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

This 47-year-old man was hired by ___ in ___ as a bus operator. He worked approximately 45 hours per week. He was driving his bus on ____, an ice day, when an accident occurred. As he stepped out of his bus he slipped on ice on the road, fell backwards, and landed on his lower back and neck. He reported continued pain in the neck area, right shoulder area, and lower back area.

REQUESTED SERVICE (S)

DOS 6/5/03: CPT codes 97530, 97250, and 97016

DOS 6/9/03: CPT codes 97530, 97110, and 97010

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

1. These requested services were reportedly already pre-authorized on 5/22/03.
2. These were reasonable treatments in keeping with the type of treatments usually prescribed for the type of injury, which the patient suffered.
3. Records indicate that the patient showed improvement in range of motion, strength, endurance, flexibility, and pain levels in these treatments.
4. These treatments were well within the frame of treatments recommended by ___ in his independent medical examination of 5/5/03 and helped advance the patient to his MMI date of 8/7/03.