

MDR Tracking Number: M5-04-1657-01

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 02-09-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of 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** 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 subsequent office visits; exercises, myofascial release, and one unit of manual therapy per encounter from 7/16/03 through 10/10/03 **were found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the following issues of medical necessity: the IRO agrees with the previous determination that the neuromuscular re-education, joint mobilization, and more than one unit of manual therapy per encounter from 7/16/03 through 10/10/03 **were not** medically necessary.

This Findings and Decision is hereby issued this 4<sup>th</sup> day of May 2004.

Regina L. Cleave  
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 7/16/03 through 10/10/03 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 4<sup>th</sup> day of May 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/rlc

## NOTICE OF INDEPENDENT REVIEW DECISION

April 22, 2004

MDR Tracking #: M5-04-1657-01  
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 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 51-year-old male technician sustained an injury on \_\_\_ when moving a box of plasma from one freezer to another. He slipped in the freezer and injured his lower back. A CT scan of the back revealed multiple lumbar intervertebral herniations. He related his pain as a level "eight" from a pain scale of one to ten. The treatment plan included exercises, neuromuscular re-education, myofascial release and joint mobilization.

### Requested Service(s)

Exercises, neuromuscular re-education, myofascial release, joint mobilization, subsequent visit and manual therapy from 07/16/03 through 10/10/03

### Decision

It is determined that the subsequent office visits, exercises, myofascial release and one unit of manual therapy per encounter from 07/16/03 through 10/10/03 were medically necessary. The neuromuscular re-education, joint mobilization and more than one unit of manual therapy per encounter from 07/16/03 through 10/10/03 were not medically necessary.

### Rationale/Basis for Decision

The documented history of the injury complicated by the significant history of a previous lower back fusion surgery, adequately established the medical necessity for the follow up office visits, myofascial release services, therapeutic exercises and manual therapy services (one per visit).

The joint mobilization is a component of manipulation and is therefore, a duplicative service. The neuromuscular re-education was "utilized to improve gait function due to radicular symptoms in the patient's lower extremity causing foot drop symptoms and toe-skidding." However, the review of the medical records did not reveal the presence of these physical examination findings during the initial or follow up examinations and thus, there was no basis for the performance of this service.

Therefore, the subsequent office visits; exercises, myofascial release and one unit of manual therapy per encounter from 07/16/03 through 10/10/03 were medically necessary. The neuromuscular re-education, joint mobilization and more than one unit of manual therapy per encounter from 07/16/03 through 10/10/03 were not medically necessary

Sincerely,