

MDR Tracking Number: M5-04-1897-01

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 February 17, 2004.

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 02/17/04, therefore the following date(s) of service are not timely: 12-04-02 through 02-07-03

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 \$460.00** 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 office visits and therapeutic exercises **were found** to be medically necessary. The telephone calls to patient, electrical stimulation, hot/cold packs, joint mobilization and massage therapy **were not 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 04-23-03 and 05-12-03 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 7th day of July 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

May 21, 2004

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

This patient was injured while working for ___ when a package fell and hit her in the head and neck area, causing an immediate onset of pain in the cervical spine region. Records indicate that she was immediately taken off work and sought treatment for her injury. Not only did she have pain in her neck, she had numbness in the hands bilaterally along with tingling. The records of the providers indicate that this happens during the night hours, as well. Records indicate that MRI there is a C5/6 discopathy which indents the cord, although it is described as mild. Nerve conduction velocity indicates that the patient may well be suffering from carpal tunnel syndrome. A designated doctor, ___ on May 19, 2003 in which he found the patient to not be at MMI and projected MMI as of 3 months from that date and recommended exercise therapy as the preferred method of treatment. The patient eventually went through a work hardening program and was discharged as of June 24, 2003. The total of the program was 6 weeks in length.

DISPUTED SERVICES

The carrier has denied the medical necessity of telephone calls by the doctor to the patient, therapeutic exercise, office visits, electrical stimulation, hot/cold packs, joint mobilization and massage therapy.

DECISION

The reviewer agrees with the prior adverse determination regarding telephone calls to the patient, electrical stimulation, hot/cold packs, joint mobilization and massage therapy.

The reviewer disagrees with the prior adverse determination for all other disputed services.

BASIS FOR THE DECISION

The reviewer finds that active care was reasonable on this patient's case due to the severity of her injuries. Also, office visits are reasonable on a case such as this, as is the manipulative therapy that accompanies those visits. Telephone calls to the patient are not documented in this file for necessity. Electrical stimulation, thermal packs, and massage therapy was passive in nature and would have little, if any, effect at this stage of the patient's care. Joint mobilization is a form of manipulation which would be considered a part of the office visit lacking documentation otherwise.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, Inc, dba ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,