

MDR Tracking Number: M5-04-2033-01

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 7-21-03.

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** 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 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 7/21/03, therefore the following dates of service are not timely: 5/31/02 through 7/19/02.

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 ultrasound therapy, hot/cold packs therapy, electrical stimulation, therapeutic exercises, and myofascial releases from 7/24/02 through 8/09/02 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

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 7/24/02 through 8/09/02 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 Decision and Order is hereby issued this 7th day of June 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

May 14, 2004

MDR Tracking #: M5-04-2033-01
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 §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 ___ physician reviewer who is board certified in Family Practice by the American Board of Family Practice, licensed by the ___ in ___ and who provides health care to injured workers. This is the same specialty as the treating physician. The ___ physician reviewer 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 39 year old male was taking a pipe out of a drilling rig hole when the equipment opened causing the pipe to be released while in the air. The pipe landed onto the patient's head causing him to fall to the ground and causing unconsciousness. This accident occurred on ___.

Requested Service(s)

Ultrasound therapy, hot/cold pack therapy, electrical stimulation, therapeutic exercises and myofascial release from 07/24/02 through 08/09/02.

Decision

It is determined that the ultrasound therapy, hot/cold pack therapy, electrical stimulation, therapeutic exercises and myofascial release from 07/24/02 through 08/09/02 were medically necessary.

Rationale/Basis for decision

The medical record information provided documents improvement for this patient with the therapy.

Based on the patient's evaluation and x-ray results, the patient could have greater and more prolonged pain than one would expect. Therefore, the ultrasound therapy, hot/cold pack therapy, electrical stimulation, therapeutic exercises and myofascial release from 07/24/02 through 08/09/02 were medically necessary.

Sincerely,