

MDR Tracking Number: M5-04-2338-01

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 March 29, 2004.

Based on correspondence from the requestor, \_\_\_ & \_\_\_. By \_\_\_, the dispute for CPT codes 97110, 97265, 97250 and 97112 for date of service 04-02-03 has been withdrawn.

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.

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 level II and III office visits; therapeutic exercises, myofascial release, joint mobilization, neuromuscular reeducation and manual therapy technique **were** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 9<sup>th</sup> day of July 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 04-01-03 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 9<sup>th</sup> day of July 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
PR/pr

## NOTICE OF INDEPENDENT REVIEW DECISION

June 10, 2004

MDR Tracking #: M5-04-2338-01

IRO Certificate #: IRO 4326

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 physician medicine and rehabilitation which is the same specialty as the treating physician, provides health care to injured workers, and licensed by the Texas State Board of Medical Examiners in \_\_\_. 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 patient sustained a work-related injury on \_\_\_ when he stepped on a nail, which punctured his boot up, into the middle of his proximal phalanx. The patient was treated in the ER and spent a week in the hospital on antibiotics following debridement. The patient was under the care of physical medicine as well as a podiatrist. It appears that the physical medicine physician ordered care at the \_\_\_ that included Level II and III office visits, therapeutic exercises, myofascial release, joint mobilization, neuromuscular reeducation, and manual therapy technique

### Requested Service(s)

Level II and III office visits, therapeutic exercises, myofascial release, joint mobilization, neuromuscular reeducation, and manual therapy technique billed from 04/01/03 through 10/10/03.

### Decision

It is determined that the Level II and III office visits, therapeutic exercises, myofascial release, joint mobilization, neuromuscular reeducation, and manual therapy technique billed from 04/01/03 through 10/10/03 were medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

This patient has been appropriately treated with IV antibiotics and physical therapy. He continued to experience pain and underwent surgery on 05/09/03 to rule out osteomyelitis. He was diagnosed with post-traumatic arthritis. He was treated with further therapy however; he went on to develop a chronic pain syndrome. He has been referred to a chronic pain treatment program with partial success and underwent further surgery on 04/07/04. His treatment has been medically necessary

including level II and III office visits, therapeutic exercises, myofascial release, joint mobilization, neuromuscular reeducation, and manual therapy technique billed from 04/01/03 through 10/10/03.

Sincerely,