

MDR Tracking Number: M5-04-2413-01

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 4-2-04.

The requester has withdrawn the medical fee issues for dates of service 8-12-03 (CPT Code 97110) and 9-11-03 with a letter dated 9-28-04.

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 \$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 office visits aquatic therapy, manual therapy, neuromuscular re-education, analysis of clinical data stored in computers, therapeutic exercise and electric stimulation for 8-8-03 through 9-30-03 were 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 TWCC reimbursement methodologies for pharmaceutical services for dates of service after August 1, 2003 per Commission Rule 134.503 (a) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

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 29th day of September, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division
DA/da

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 6/30/04

TWCC Case Number:	
MDR Tracking Number:	M5-04-2413-01
Name of Patient:	
Name of URA/Payer:	Complete Health & Rehab
Name of Provider: (ER, Hospital, or Other Facility)	Complete Health & Rehab
Name of Physician: (Treating or Requesting)	Chad Oistad, DC

May 25, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, 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

Medical Review of Texas (MRT) 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 MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Rosalinda Lopez, Texas Workers Compensation Commission

CLINICAL HISTORY

Available information suggests that this patient reports injuries resulting from a motor vehicle accident ___ during the regular course of his employment. The patient presented initially to US Healthworks where medical evaluation, x-rays, medication and therapy was apparently given. No reports of this are provided for review. The patient later presented to Chad Oistad, DC, on or about 08/04/03 and was diagnosed with sprain/strain of the cervical, thoracic and lumbar spine in addition to sprain/strain of the wrist, knee and myofascial pain syndrome. No additional imaging or advanced diagnostic testing appears to be performed. The patient is placed on both active and passive therapies for a period of 3x per week for 6 weeks. The patient is also referred for medical assessment with a Louis Varela, MD, on 08/05/03 and is found with multiple contusions including the scrotal area, sprain/strain of the cervical, thoracic, and lumbar areas with muscle spasm. Additional medications are given, the patient is referred to a urologist and the patient is advised to continue physical therapy.

REQUESTED SERVICE(S)

Determine medical necessity for office visits, aquatic therapy, manual therapy, neuromuscular re-education, analysis of clinical data stored in computers, therapeutic exercise and electric stimulation for period in dispute 08/08/03 through 09/30/03.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

Medical necessity for these services is reasonably supported by available documentation provided.

Carrier appears to indicate that treatment is "unnecessary (without peer review)" and appears to provide no valid clinical rationale for its determination.

Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.

Hurwitz EL, et al. The effectiveness of physical modalities among patients with low back pain randomized to chiropractic care: Findings from the UCLA Low Back Pain Study. J Manipulative Physiol Ther 2002; 25(1):10-20.

Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.