

MDR Tracking Number: M5-04-2425-01

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, 133.307 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. This dispute was received on 04/02/04.

The IRO reviewed 97010 – hot/cold pack therapy, 97035 – ultrasound, 97250-myofascial release, 97110-therapeutic exercises, 99212-office visit, 99090-analyze clinical data, 97150-therapeutic procedures, and 99213-MP – office visit with manipulation rendered from 04/02/03 through 05/23/03 that was denied based upon “V”.

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 \$460.00** 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.

According to the Table of Disputed Services CPT Codes 99212 and 99080-73 were denied as “F” and not paid. The carrier submitted an EOB which shows payment was previously rendered in the amount of \$47.00. The health care providers billing agent was contacted and revealed that these CPT codes were paid. Therefore medical necessity was the only issue.

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 04/02/03 through 05/23/03 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 Decision & Order is hereby issued this 30th day of September 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf
Enclosure: IRO Decision

July 16, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION
Amended Determination**

RE: MDR Tracking #: M5-04-2425-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
----- Case #:

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ----- IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ----- external review panel who is familiar with the with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ----- chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, the ----- chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 59 year-old female who sustained a work related injury on ----- . The patient reported that while at work she sustained a repetitive motion injury to her neck, right arm and right hand. The diagnoses for this patient have included right sided C6 radiculopathy, central stenosis at C4-5, right greater than left, neuroforaminal encroachment of right C4 nerve root and bilateral C5 nerve root. On 8/30/02 and 2/27/03 the patient was reported to have undergone arthroscopic surgery to her right shoulder. The patient also underwent manipulation under anesthesia and arthroscopic debridement of the right shoulder on 3/4/03. Further treatment for this patient's condition has included electrical stimulation, ultrasound, hot/cold packs, manipulations, and a series of epidural steroid injections followed by post injection therapy.

Requested Services

Hot cold pack therapy, ultrasound, myofascial release, therapeutic exercises, analyze clinical data, therapeutic procedure, and office visit with manipulation from 4/2/03 through 5/23/03.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Initial Evaluation 12/8/99
2. Office notes 4/11/02 – 4/26/04
3. Daily Treatment log 5/20/03 – 5/7/04
4. Pain Management Note 3/31/04
5. Daily Treatment log 10/21/02 – 4/28/03

Documents Submitted by Respondent:

1. Office notes same as above
2. Chiropractic Modality Review

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ----- chiropractor reviewer noted that this case concerns a 59 year-old female who sustained a work related injury to her neck, right arm and right hand on ----- . The ----- chiropractor reviewer also noted that the diagnoses for this patient have included right sided C6 radiculopathy, central stenosis at C4-5, right greater than left, neuroforaminal encroachment of right C4 nerve root and bilateral C5 nerve root. The ----- chiropractor reviewer further noted that treatment for this patient's condition has included arthroscopic surgery of the right shoulder, manipulation under anesthesia and arthroscopic debridement of the right shoulder, electrical stimulation, ultrasound, hot/cold packs, manipulations, and a series of epidural steroid injections followed by post injection therapy. The ----- chiropractor reviewer explained that this patient's injury required extensive treatment. Therefore, the ----- chiropractor consultant concluded that the hot cold pack therapy, ultrasound, myofascial release, therapeutic exercises, analyze clinical data, therapeutic procedure, and office visit with manipulation from 4/2/03 through 5/23/03 were medically necessary to treat this patient's condition.

Sincerely,

State Appeals Department