

MDR Tracking Number: M5-04-2481-01

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 04-07-04.

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 \$460.00** 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, prolonged services, muscle testing, conductive paste/gel, needles, electrodes, betadine or phisohex solution, alcohol or peroxide, tape, motor nerve conduction test, sensory nerve conduction test, H or F reflex study, somatosensory testing, range of motion measurements and manual muscle testing 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 29<sup>th</sup> day of June 2004.

Debra L. Hewitt  
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 through 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 29<sup>th</sup> day of June 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/dlh

June 14, 2004

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\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

## **REVIEWER'S REPORT**

### **Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: correspondence, office notes, EMG/NCV test, radiology report.

Information from Treating Doctor: office notes, psychotherapy notes, nerve conduction test, radiology report and designated doctor report.

### **Clinical History:**

The patient was injured on \_\_\_ while on her job. She had undergone an aggressive treatment program, but continues to experience ongoing problems.

### **Disputed Services:**

Office visits, prolonged service, muscle testing, conductive paste/gel, needles, electrodes, betadine or phisoHex solution, alcohol or peroxide, tape, motor nerve conduction test, sensory nerve conduction test, H or F reflex study, somatosensory testing, range of motion measurements, and manual muscle testing on 05/208/03.

### **Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were medically necessary in this case.

### **Rationale:**

This patient has undergone an intensive treatment program, which afforded her minimal relief. On May 8, 2003, she was evaluated in an attempt to specifically ascertain her current condition as well as to assist and formulate an appropriate plan of treatment.

In order to accomplish this, it was medically necessary for the patient to undergo the diagnostic testing that was performed on this date of service. There is sufficient documentation and clinical justification in the records to warrant each denied service that was rendered on this date. The records clearly indicate the specific reason why each service was performed, as well as how it relates to her on-the-job injury, and helps to obtain the goals that are outlined in this patient's treatment program.

National Treatment Guidelines allow for this type of treatment for this type of injury. Without the assistance of the diagnostic testing that was performed on this date, the treating doctor would be unable to make an informed decision as to the appropriate treatment this patient needed. Without using the diagnostic tools available to him, as well as the tools that are considered standard of care in our profession, he could possibly leave himself open to review and possible neglect for not providing acceptable, adequate, and standard of care for our profession. In conclusion, all denied services on 5/8/03 were, in fact, reasonable, usual, customary, and medically necessary for the treatment of this patient's on the job injury.

Sincerely,