

MDR Tracking Number: M5-04-2958-01

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 05-10-04. CPT code 97750 and 93799 on date of service 12-08-03 were withdrawn on 08-11-04 by Margaret Daily at Southeast Health Services.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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 chiropractic manipulation on dates of service 10-22-03, 10-24-03, 10-27-03, 10-31-03, 11-10-03, 11-17-03, 11-24-03 and 12-01-03, manual therapy on date of service 10-27-03 and ultrasound therapy on date of service 10-27-03 **were** found to be medically necessary. All remaining services **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for chiropractic manipulations, mechanical traction, therapeutic exercises, vasopneumatic devices, electrical stimulation, manual therapy, office visits and ultrasound therapy.

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 10-22-03 through 12-01-03 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 Findings and Decision and Order are hereby issued this 26th day of August 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

AMENDED REPORT

08/16/2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-2958-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor with a specialty in Rehabilitation. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ was injured on ___ while working for the ___. He injured his lumbar spine and cervical spine. Initial records are scarce as sent by the carrier and treating doctor. However, it is apparent that the patient began a rehabilitative phase of care on or about 8/13/03. An MRI was performed and interpreted as having a facet syndrome at L4/5 and minor bulging at L3/4. An apparent exacerbation occurred in mid to late October 2003. Passive therapies and active therapies were performed at that time until a FCE was performed on 12/8/03 and a work conditioning program was started soon thereafter.

DISPUTED SERVICES

Disputed services include chiropractic manipulations, mechanical traction, therapeutic exercises, vasopneumatic devices, electrical stimulation, manual therapy, office visits and ultrasound.

DECISION

The reviewer disagrees with the previous adverse determination regarding the following services: **98941** on DOS 10/22/03, 10/24/03, 10/27/03, 10/31/03, 11/10/03, 11/17/03 and 11/24/03); **98940** (12/1/03); **97140-59** (10/27/03); **97035** (10/27/03).

The reviewer agrees with the previous adverse determination regarding all remaining services.

BASIS FOR THE DECISION

The reviewer indicates the decision to allow the manipulations from 10/22/03 through 12/1/03 was due to the fact that ___ had a documented exacerbation that seemed to improve with manipulation in compliance with TX Labor Code 408.021. Passive therapies such as manual traction and vasopneumatic devices are not indicated at this stage of treatment. Therapies such as Ultrasound and manual therapy would be warranted as they have documented efficacy for exacerbations of soft tissue injuries. Later usage of manual therapy on 11/17/03 is not indicated, as this could no longer be classified as an acute exacerbation at a point in time of two to three weeks beyond exacerbation.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,