

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-0622.M5

MDR Tracking Number: M5-04-3086-01

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 05-17-04. CPT code 97112 on date of service 05-14-03 and CPT code 99080-73 on date of service 06-11-03 were withdrawn on 08-10-04 by ____, Collections Manager for ____.

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, therapeutic exercises, neuromuscular re-education, manual traction, joint mobilization, myofascial release and physical performance testing from 05-14-03 through 06-11-03 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 17th day of August 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 05-14-03 through 06-11-03 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 17th day of August 2004.

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

August 3, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

MDR Tracking #: M5-04-3086-01

___ 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 42 year-old male who sustained a work related injury on ___. The patient reported that while at work he injured his right side, right shoulder, elbow, neck, middle and lower back when he fell from a ladder. On 3/6/03 the patient underwent x-rays of the right shoulder, right elbow, and thoracic spine that indicated no significant abnormality demonstrated. An x-ray of the lumbar spine performed on 3/6/03 revealed 15 degrees of left concavity upper 1/3 scoliosis, lumbar lordosis straightening that may reflect muscular pain/spasm, and mild facets arthrosis at L5-S1. On 4/26/03 the patient underwent a MRI of the lumbar spine and on 5/5/03 an MRI of the right shoulder. The diagnoses for this patient have included bilateral S1 joint strain, possible internal disc derangement L5-S1, and herniated nucleus pulposus L5-S1 with possible S1 nerve root compression. Treatment for this patient's condition has included myofascial release, manual traction, joint mobilization, and medications. The patient had also undergone a series of caudal injections from 7/10/03 – 7/31/03.

Requested Services

Office visits, therapeutic exercises, neuromuscular reeducation, manual traction, joint mobilization, myofascial release, and physical performance testing from 5/14/03 through 6/11/03.

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

Documents Submitted by Requestor:

1. Letter from treating chiropractor 6/17/03, 7/31/03
2. X-Ray reports 3/6/03
3. MRI reports 4/29/03,5/5/03
4. Designated Medical Examination6/18/03
5. Review of systems 6/11/03
6. Chart Notes 6/11/03 – 8/13/03
7. EMG report 6/4/03
8. Daily notes 2/28/03 – 6/11/03

Documents Submitted by Respondent:

1. No documents submitted

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 42 year-old male who sustained a work related injury to his right side, right shoulder, elbow, neck, middle and lower back on ___. The ___ chiropractor reviewer also noted that the diagnoses for this patient have included bilateral SI joint strain, possible internal disc derangement L5-S1, and herniated nucleus pulposus L5-S1 with possible SI nerve root compression. The ___ chiropractor reviewer indicated that this patient had a fairly complicated multilevel injury that required a multi disciplinary approach to his care. The ___ chiropractor reviewer noted that 3 ½ months of care this type of injury is within the proper guidelines. The ___ chiropractor reviewer also noted that the treatment this patient received helped decrease his pain. The ___ chiropractor reviewer indicated that the patient was also referred out to various specialists for help with treatment. The ___ chiropractor reviewer noted that the patient was found to be at maximum medical improvement on 6/18/03 and that treatment up until that time was medically necessary. Therefore, the ___ chiropractor consultant concluded that the office visits, therapeutic exercises, neuromuscular reeducation, manual traction, joint mobilization, myofascial release, and physical performance testing from 5/14/03 through 6/11/03 were medically necessary to treat this patient's condition.

Sincerely,