

MDR Tracking Number: M5-04-3624-01

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. This dispute was received on 06-25-04.

The IRO reviewed office visits, manual therapy, therapeutic exercises, therapeutic activity, ROM measurements, manual muscle testing, prolonged service and special report rendered from 08-27-03 through 11-05-03 that were denied based upon "U".

The IRO concluded that service from 08-27-03 through 10-08-03 **were** medically necessary. The IRO concluded that services beyond date of service 10-09-03 **were not** medically necessary.

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees (\$3,369.50). 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.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This Findings and Decision is hereby issued this 25<sup>th</sup> day of August 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

### **ORDER**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby **ORDERS** the respondent to pay for 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 Decision is applicable for dates of service 08-27-03 through 10-08-03 in this dispute.

This Order is hereby issued this 25th day of August 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

August 18, 2004

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5-04-3624-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.: 5055

Dear

\_\_\_ 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: letter of medical necessity, office notes, daily progress notes, therapeutic procedures and nerve conduction study.

Information provided by Respondent: correspondence and designated doctor exams.

#### **Clinical History:**

The records indicate the patient injured his tailbone at work on \_\_\_\_. He was taken

by his co-workers to the emergency room where he was x-rayed, treated, and sent home by the ER doctor. Apparently, he later received a call from the hospital indicating he had a fracture.

The patient contacted his employer to obtain a referral to see a doctor. He was seen by other doctors. MRI was ordered and recommended ESIs. The nurse case manager protested the ESIs, and it took several months to get these approved. However, due to chronic high blood pressure, the ESIs cannot be performed. A subsequent attempt at ESIs was again halted due to high blood pressure. He attempted to return to the treating doctor, but was not seen.

He was sent to a TWCC designated doctor and found not to be at maximum medical improvement. There apparently continued to be difficulty in his obtaining appropriate medical care. In addition, the patient continued to have severe pain and inability to perform basic activities of daily living. He presented to another doctor's office on 7/8/03. An appropriate evaluation was performed and an aggressive treatment program begun.

**Disputed Services:**

Office visits, manual therapy, therapeutic exercises, therapeutic activity, ROM measurement, manual muscle testing, prolonged service, and special report during the period of 08/27/03 through 11/05/03.

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute were medically necessary from 08/27/03 through 10/08/03. The treatment and services in dispute were not medically necessary beyond 10/09/03.

**Rationale:**

As stated above, there was difficulty in this patient receiving the necessary medical care. In January 2002, after months of trying to obtain treatment. His case manager told him that he could not receive anymore medical care.

National treatment guidelines allow for this type of treatment for this type of injury. The records indicate following his initial date of injury, he received limited treatment and therapy. However, this treatment was not sufficient to resolve this patient's significant injury. Once a comprehensive evaluation was performed on 7/18/03, an aggressive treatment program utilizing passive as well as active therapy was begun. Each date of service is adequately documented and provides clinical justification for the services that were rendered. The records indicate on 10/8/03 the patient was placed at maximum medical improvement and assigned a 10% whole person body impairment.

Since the patient had not had an adequate treatment program due to a variety of reasons, he was entitled to receive appropriate care for his on the job injury. In conclusion, all denied services from 8/27/03 through 10/8/03 were, in fact, reasonable, usual, customary, and medically necessary for the treatment of this patient's on the job injury. All denied services after 10/9/03 were not medically necessary for the treatment of his on the job injury.

Sincerely,