

MDR Tracking Number: M5-04-4085-01

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 7-30-04.

Dates of service 11-4-03 and 1-14-04 were withdrawn by the requestor in a letter dated 8-25-04. Therefore, they will not be a part of this review.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of 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 therapeutic procedures and office visits from 7-30-03 through 10-29-03 were found to be medically necessary. The chiropractic manipulation, hot-cold pack therapy, electrical stimulation and ultrasound from 7-30-03 through 10-29-03 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Pursuant to 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) for dates of service through July 31, 2003; in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202(c); in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c)(6); 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 7-30-03 through 10-29-03 as outlined above 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 3rd day of January 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division
DA/da

Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION

October 22, 2004

Amended Letter 11/08/04

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-04-4085-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The records indicated that this 39 year-old female patient was injured on the job on _____. She was pushing a dumpster and got her right shoulder and arm caught between the dumpster and a wall. An initial evaluation was performed and an aggressive treatment program was begun. Testing was done including magnetic resonance imaging and electrodiagnostic studies. The patient was referred for medication management as well as for neurological, orthopedic, and pain management consultation. She has received steroid injections, acupuncture, and physical therapy in addition to chiropractic modalities.

Requested Service(s)

Chiropractic manipulation, therapeutic procedures, office visits, hot-cold pack therapy, electrical stimulation, and ultrasound for dates of service 07/30/03 through 10/29/03.

Decision

It is determined that the office visits and therapeutic procedures from 07/30/03 through 10/29/03 were medically necessary to treat this patient's medical condition.

However, the chiropractic manipulation, hot-cold pack therapy, electrical stimulation, and ultrasound were not medically necessary from 07/30/03 through 10/29/03.

Rationale/Basis for Decision

National treatment guidelines allow for a trial of chiropractic care and the utilization of passive therapy with a progression into active therapy for these types of injuries.

The records did not include clinical documentation to substantiate the use of chiropractic manipulation, hot-cold pack therapy, electrical stimulation, and ultrasound for this injury five to seven months after the date of injury. Therefore, these treatments were not medically necessary.

There is sufficient documentation to clinically justify the office visits and therapeutic procedures from 07/30/03 through 10/29/03, therefore, these services were medically necessary for the treatment for this patient's injury.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:vn

Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-04-4085-01

Information Submitted by Requestor:

- Appeal and treatment summary
- Doctors' progress notes 03/18/03-01/23/04
- Treatment notes 07/30/03-10/29/03
- Imaging and NCS reports
- Functional capacity evaluation
- Peer review reports
- Designated doctor evaluation

Information Submitted by Respondent: