

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 August 6, 2004.

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 therapeutic exercises, massage therapy, and office visits were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the therapeutic exercises; massage therapy, and office visits.

ORDER

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 rendered on 4/26/04 through 4/29/04 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 8th day of October 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

Enclosure: IRO decision

September 27, 2004

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

Re: Medical Dispute Resolution
MDR #: M5-04-4161-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: IRO 5055

Dear Ms. ____:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI 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 Independent Review, Inc. 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 08/31/04
- office notes & exams 03/09/04 – 05/11/04
- daily progress notes 04/14/04 – 05/13/04
- FCE's 03/10/04 – 05/14/04
- radiology reports 03/09/04 – 03/24/04

Information provided by Respondent:

- medical record review 05/04/04

Information provided by Pain Management Specialist:

- office notes and H&P 03/30/04 – 05/11/04

Information provided by Neurosurgeon:

- consultation report 04/19/04

Information provided by Orthopedic Surgeon:

- office visit 04/15/04

Clinical History:

The patient was injured on the job on _____. She felt a sharp pain in her back and was not able to stand up straight due to pain. She reported her injury, but had to stay on her job until the end of the day at which time she sought care for her injuries.

She was evaluated, and there were sufficient subjective symptoms and objective findings to warrant an aggressive treatment program. The patient received passive treatment with progression into active therapy as tolerable

Disputed Services:

Therapeutic exercises, massage therapy and office visits during the period of 04/26/04 through 04/29/04.

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:

On each date of service there is sufficient documentation to warrant and clinically justify the treatment that was rendered. National treatment guidelines allow for this type of treatment for this type of injury. Diagnostic testing confirmed the patient's injuries, and the patient made sufficient progress over the course of the treatment program to confirm the medical necessity of all denied services. In conclusion, it was reasonable, usual, customary, and medically necessary for this patient to receive the denied services during the period of 4/16/04 through 4/29/04.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP:thh