

MDR Tracking Number: M5-04-4180-01

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 August 9, 2004.

The IRO reviewed computed tomography, unlisted dialysis procedure, MRI, office visits, FCE, massage and aquatic therapy for dates of service 04/09/04 through 05/10/04 that were denied based upon "V".

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.

The office visits, MRI, FCE, massage and aquatic therapy for dates of service 04/09/04 through 05/10/04 **were** found to be medically necessary. The computed tomography and unlisted dialysis procedures for date of service 04/09/04 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for tomography, unlisted dialysis procedure, MRI, office visits, FCE, massage and aquatic therapy .

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.

This Decision is hereby issued this 10<sup>th</sup> day of November, 2004

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf

November 1, 2004

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

**REVISED REPORT**  
**Corrected dates of service in dispute AND correction of**  
**typographical error in paragraph 2 of Rationale (80% to 8%)**

Re: Medical Dispute Resolution  
MDR #: M5-04-4180-01  
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 09/02/04
- office notes & exams 04/09/04 – 05/11/04
- daily progress notes 04/14/04 – 05/10/04
- FCE 04/13/04
- radiology reports 12/18/03 – 06/25/04

Information provided by Respondent:

- designated doctor evaluation 04/27/04
- chiropractic peer review 04/01/04

Information provided by Orthopedic Surgeon:

- office notes 05/14/04

**Clinical History:**

The records indicate the patient was injured on the job on \_\_\_\_\_. The paramedics took the patient to a hospital where he was evaluated and released. He followed up with the doctor for treatment. This treatment consists of massage and chiropractic adjustment 3 times per week for approximately 3 months. On April of 2004, the patient had not responded as anticipated and was referred to another doctor's office for evaluation and treatment.

On 04/09/04, the patient was evaluated. Sufficient subjective and objective findings were present, which clinically justified the ordering of a cervical and lumbar MRI. This testing confirmed the patient's disc injuries. An aggressive treatment program was begun.

**Disputed Services:**

Computed tomography, unlisted dialysis procedure, MRI, office visits, FCE, massage and aquatic therapy during the period of 04/09/04 through 05/10/04.

**Decision:**

The reviewer partially disagrees with the determination of the insurance carrier and is of the opinion that the office visits, MRI, FCE, massage and aquatic therapy in dispute during the period of 04/09/04 through 05/10/04 were medically necessary in this case. Computed tomography and unlisted dialysis procedures rendered during the period in dispute were not medically necessary.

**Rationale:**

This is a unique case in the fact that under normal circumstances, the patient should have responded adequately and sufficiently to the initial 3 months of care and would have been released from care. However, due to ongoing problems, the patient was referred to another doctor's office to perform the evaluation and ordered MRI's. This diagnostic testing confirmed the significance of this patient's injuries and clinically justified additional treatment.

On 04/13/04, an FCE was performed, which determined the patient was able to return to work in a medium work category unrestricted and qualified for a work heavy category within a restricted plan. On 04/27/04, the patient was evaluated by designated doctor, and was placed at maximum medical improvement with an impairment rating of 0% whole person. However, in reviewing his report it indicated, based upon the patient's left shoulder had an 8% upper body extremity impairment, which converted to 5% whole person impairment.

The patient was also seen on May 14, 2004 by an orthopedic surgeon who indicated this patient was a candidate for cervical interbody fusion, and recommended the patient undergo an MRI of the left shoulder and states the patient is also a candidate for lumbar surgery.

National treatment guidelines allow for this type of treatment for this type of injury. The MRI, office visit, FCE, massage, and aquatic therapy during the period of 04/09/04 through 05/10/04, except for 97113 on 05/06/04 & 05/10/04, were in fact reasonable, usual, customary, and medically necessary for the treatment of this patient's on the job injury. However, there is not sufficient documentation in the records to warrant or clinically justify the services of the computed tomography or unlisted dialysis procedure rendered during the time frame above.

Sincerely,