

MDR Tracking Number: M5-05-0685-01

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 10-28-04.

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.

The physical performance tests, work hardening, additional work hardening, office visit evaluation and management and required report from 12-8-03 through 3-9-04 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

The carrier denied CPT Code 99080-73 on 1-28-04 with a V for unnecessary medical treatment, however, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter and, therefore, recommends reimbursement. Requestor submitted relevant information to support delivery of service. Per 133.106(f)(i) **recommend reimbursement of \$15.00.**

This Finding and Decision is hereby issued this 28th day of December 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

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 Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c); 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 12-8-03 through 3-9-04 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 Decision and Order is hereby issued this 28th day of December 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL:da

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 12/21/04

TWCC Case Number:	
MDR Tracking Number:	M5-05-0685-01
Name of Patient:	
Name of URA/Payer:	Central Dallas Rehab
Name of Provider: (ER, Hospital, or Other Facility)	Central Dallas Rehab
Name of Physician: (Treating or Requesting)	Christopher Plate, DC

December 10, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no

known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

Available information suggests that this patient reports experiencing a low back injury on ___ as a result of a work related accident. He does not appear to seek immediate medical attention but does present to his chiropractor on or about 08/05/03. The patient was provided with manipulation and multiple passive modalities and eventually progressed into a pre-authorized, CARF accredited, Work Hardening program. MRI performed 10/03/03 suggests some mild discopathy and degenerative joint disease. Some thecal sac involvement and lateral recess narrowing is also noted. Some EMG abnormalities are also noted. The patient is diagnosed with lumbar disc displacement and lumbar sprain/strain. No medical or surgical evaluations are provided for review. The patient does appear to have an adversarial peer review performed on or about 12/01/03 by another chiropractor, but specific findings and recommendations of this are not provided for review. The patient does appear to have multiple functional performance tests performed before, during and after the course of work hardening that shows some objective improvement with progression of treatment. Treating chiropractor performs an impairment assessment on 02/10/04 indicating that the patient has achieved clinical MMI with 5% WP residual impairment.

REQUESTED SERVICE(S)

Determine medical necessity for (97750) physical performance tests, (97545) work hardening, (97546) additional work hardening, (99212) office visit evaluation and management, and (99080) required reporting for period in dispute 12/08/03 to 03/09/04.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

Medical necessity for above mentioned testing, work hardening, clinical evaluations and required reporting does appear generally **supported** by available documentation. Without the benefit of additional medical/surgical evaluations, RME, designated doctor or peer review findings, these services would appear generally appropriate in leading this patient to eventual MMI and RTW status as indicated in chiropractic reporting.

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Hurwitz EL, et al. The effectiveness of physical modalities among patients with low back pain randomized to chiropractic care: Findings from the UCLA Low Back Pain Study. *J Manipulative Physiol Ther* 2002; 25(1):10-20.
3. Bigos S., et. al., AHCPR, Clinical Practice Guideline, Publication No. 95-0643, Public Health Service, December 1994.
4. Harris GR, Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" [Journal of Family Practice](#), Dec, 2002.
5. Morton JE. Manipulation in the treatment of acute low back pain. *J Man Manip Ther* 1999; 7(4):182-189.
6. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.
7. Lechner DE. Work hardening and work conditioning interventions: Do they affect disability? *Phys Ther.* 1994;74(5):471-493.
8. Mooney V, Hughson WG. Resurgence of work-hardening programs. *West J Med.* 1992;156(4):410.
9. American Occupational Therapy Association. Work hardening guidelines. *Am J Occup Ther.* 1986;40(12):841-843.
10. Matheson LN, Ogden LD, Violette K, Schultz K. Work hardening: Occupational therapy in industrial rehabilitation. *Am J Occup Ther.* 1985;39(5):314-321

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.