

MDR Tracking Number: M5-05-0699-01

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 10-29-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of 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** 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 office visits on 7-6-04, 7-14-04 and 7-23-04 and the aquatic therapy from 7-7-04 through 7-21-04 were **found** to be medically necessary. The massage therapy, all other office visits and aquatic therapy after 7-21-03 **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; 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 7-6-04 through 7-23-04 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 Findings and Decision and Order are hereby issued this 27th day of December 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

December 16, 2004

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-05-0699-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor with a specialty in Rehabilitation. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ was injured on ___ while working for _____. She was injured when she slipped and fell due to a foreign object being on the floor. She fell injuring her lumbar spine. She was treated by Thomas Mims, MD via surgical means (L3/4 and L4/5 laminectomy). She began treating with J. Todd Boyd, DC on an unknown date. She was referred to Robert Howell, DC for aquatic therapy on approximately 7/6/04. She was placed at MMI by the designated doctor, Madhavan Pisharodi on 02/11/04.

Records reviewed were from both the requestor and respondent. Records from the requestor include but are not limited to the following: 13 pg letter 'final request for MDR', 7/6/04 examination, 8/6/04 re-evaluation by Dr. Howell, 1/20/01 lumbar MRI, CT, radiographic and myelographic report of 9/3/02, 6/14/04 radiological report, 7/7/04-7/28/04 chart notes by Dr. Howell, Notes by

Thomas Mims, MD from 2/20/02 through 6/6/02, 3/1/02 designated doctor note by Madhavan Pisharodi, MD indicating 14% IR WP and a script from J. Todd Boyd, DC of 7/6/04 (with a fax stamp of 7/21/04). Records from the carrier include a chiropractic modality review of 7/2/04 by George Sage, DC, 4/27/04 through 4/30/04 treatment notes by J. Todd Boyd, DC.

DISPUTED SERVICES

The services under dispute include office visits (99204 and 99213), massage therapy (97124) and aquatic therapy (97113 (three units per date of service only) from 7/6/04 through 7/28/04.

DECISION

The reviewer disagrees with the previous adverse determination regarding 99204 (7/6/04), 97113 (from 7/7/04 through 7/21/04) and 99213 (7/14/04 and 7/23/04).

The reviewer agrees with the previous adverse determination regarding all remaining services.

BASIS FOR THE DECISION

The reviewer indicates the services above were found to be medically necessary as they comply with the Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters (TGCQAPP) guidelines for treatment as up to two weeks of treatment should be rendered without patient response to determine efficacy of treatment. The patient's VAS maintained at a 5/10 throughout treatment and did not improve, her work status did not change and it did not provide apparent relief or recovery as per TLC §408.021. The reviewer further states that the notes document one and one half hours of aquatic therapy per visit. The documentation does not support this length of time with the exercises as described. The maximum therapeutic time of these services is forty-five minutes per session. Massage therapy is denied as it is not generally acceptable chiropractic practice in the chronic phase of treatment of a lumbar spine injury. It is not clear from the documentation submitted what types of care Dr. Boyd was providing prior to this referral; therefore, further care is not warranted with the documentation submitted.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO
CC: Specialty IRO Medical Director