

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 04-12-05.

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 chiropractic manipulative treatment-spinal, therapeutic activities, massage therapy and mechanical traction **were** found to be medically necessary. The office visit on 07-26-04 **was not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 totaling \$962.16 in accordance with the Medicare program reimbursement methodologies effective 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 Order is applicable to dates of service 07-14-04 through 07-28-04 in this dispute.

This Findings and Decision and Order are hereby issued this 31<sup>st</sup> day of May 2005.

Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO decision

May 27, 2005

TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M5-05-2234-01

CLIENT TRACKING NUMBER: M5-05-2234-01 /5278

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Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

**Records Received:**

FROM THE STATE:

Notification of IRO assignment dated 5/12/05 1 page  
Texas Workers Compensation Commission form dated 5/13/05 1 page  
Medical Dispute Resolution Request/Response form 1 page  
Provider sheet 1 page  
Table of disputed services 3 pages  
Tristar Explanation of Review dated 3/24/05 4 pages

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FROM THE REQUESTOR:

Texas Workers Compensation Commission form dated 5/13/05 1 page  
Request for reconsideration dated 2/2/05 2 pages  
Medical record review dated 8/11/04 3 pages  
Report of medical evaluation dated 10/8/04 1 page  
Letter from Dr. Raul Santana, MD dated 10/1/04 2 pages  
Supplemental information on claimant cover sheet 1 page  
Review of medical history and physical exam dated 10/1/04 2 pages  
AIRS Impairment rating report dated 10/1/04 1 page  
Letter from Dr. Rivera, DC dated 5/24/04 2 pages  
Chart notes dated 5/24/04 3 pages  
Chart notes dated 5/27/04 - 6/1/04 1 page  
Chart notes dated 6/2/04 - 6/3/04 1 page  
Chart notes dated 6/8/04 - 6/10/04 1 page  
Chart notes dated 6/15/04 - 6/16/04 1 page  
Chart notes dated 6/17/04 - 6/21/04 1 page  
Chart notes dated 6/22/04 1 page  
Chart notes dated 6/23/04 - 6/24/04 1 page  
Chart notes dated 6/28/04 1 page  
Chart notes dated 6/30/04 - 7/5/04 1 page  
Chart notes dated 7/7/04 - 7/12/04 1 page  
Chart notes dated 7/13/04 1 page  
Chart notes dated 7/14/04 - 7/21/04 1 page  
Chart notes dated 7/22/04 - 7/26/04 1 page  
Chart notes dated 7/27/04 1 page  
Chart notes dated 7/28/04 1 page  
Letter from Dr. Rivera, DC dated 8/3/04 3 pages  
Range of motion report dated 8/2/04 1 page  
Letter from Dr. Rivera, DC dated 2/2/05 2 pages  
Request for reconsideration dated 2/2/05 2 pages  
Report of medical evaluation dated 8/3/04 1 page  
Letter from Dr. Rivera, DC dated 5/24/04 2 pages  
Chart notes dated 5/24/04 1 page  
Chart notes dated 5/25/04 1 page  
Chart notes dated 5/26/04 1 page  
Chart notes dated 5/27/04 - 6/1/04 1 page  
Chart notes dated 6/2/04 - 6/3/04 1 page  
Chart notes dated 6/8/04 - 6/10/04 1 page  
Chart notes dated 6/15/04 - 6/16/04 1 page  
Chart notes dated 6/17/04 - 6/21/04 1 page  
Chart notes dated 6/22/04 1 page  
Chart notes dated 6/23/04 - 6/24/04 1 page  
Chart notes dated 6/28/04 1 page  
Chart notes dated 6/30/04 - 7/1/04 1 page  
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Chart notes dated 7/7/04 - 7/12/04 1 page

Chart notes dated 7/13/04 1 page

Chart notes dated 7/14/04 - 7/2/04 1 page

Chart notes dated 7/22/04 - 7/26/04 1 page

Chart notes dated 7/27/04 1 page

Chart notes dated 7/28/04 1 page

Letter from Dr. Santana, MD dated 10/1/04 1 page

Supplemental Information cover sheet 1 page

Report of Medical Evaluation dated 10/8/04 1 page

Medical Record review dated 8/11/04 3 pages

Copy of check 5/23/05 1 page

#### **Summary of Treatment/Case History:**

The patient is a 62-year-old female custodian for the . She was vacuuming the carpet in the band hall when she heard a "pop" in her upper back. She continued working in pain for four days before presenting herself to a doctor of chiropractic who initiated conservative care. She treated for approximately 10 weeks to a full recovery, and then the treating doctor performed an impairment rating, awarding her 5% whole-person impairment. On 10/1/04, she was seen by a designated doctor who performed another impairment rating, and awarded her 0% whole-person impairment.

#### **Questions for Review:**

1. Item(s) in dispute: #98940 Chiropractic Manipulation TRMT-Spinal, #97530 Therapeutic Activities, #97124 Massage Therapy, #97012 Mechanical Traction, #99215 OV denied by carrier as medically unnecessary with EOB U codes.

#### **Explanation of Findings:**

In this case, an elderly custodian injured her thoracic spine following repeated vacuuming with her right upper extremity. A proper regimen of chiropractic spinal manipulation and physical therapy ensued, and the patient responded accordingly both subjectively and functionally. Since the patient's symptoms resolved, her range of motion improved and she was eventually returned to work, the care in this case, met the statutory requirements of medical necessity.

However, with regard to the level V established patient office visit (#99215) that was performed on 7/26/04, nothing in either the medical records or the diagnosis in this case supported the medical necessity of performing such a comprehensive reevaluation on this patient. Therefore, this service was denied.

#### **Conclusion/Partial Decision to Certify:**

1. Item(s) in dispute: #98940 Chiropractic Manipulation TRMT-Spinal, #97530 Therapeutic Activities, #97124 Massage Therapy, #97012 Mechanical Traction, #99215 OV denied by carrier as medically unnecessary with EOB U codes.

All care in this case is warranted with the exception of the level V established patient office visit performed on 7/26/04 that is not warranted.

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**References Used in Support of Decision:**

Haas M, Group E, Kraemer DF. Dose-response for chiropractic care of chronic low back pain. Spine J. 2004 Sep-Oct;4(5):574-83. "There was a positive, clinically important effect of the number of chiropractic treatments for chronic low back pain on pain intensity and disability at 4 weeks. Relief was substantial for patients receiving care 3 to 4 times per week for 3 weeks."

Texas Labor code 408.021

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This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has given numerous presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty years.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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