



**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. 133.308

**PART VII: DIVISION DECISION**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is not entitled to additional reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

11-17-05

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Date of Findings and Decision

**PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW**

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

October 26, 2005

TEXAS DEPARTMENT OF INSURANCE  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_  
EMPLOYEE: \_\_\_  
POLICY: M5-06-0209-01  
CLIENT TRACKING NUMBER: M5-06-0209-01 /5278

**Amended Decision 11/08/05**

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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 Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIoA for independent review in accordance with DWC 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 DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

**Records Received:**

Records Received From The State:

Notification Of IRO Assignment – 2 Pages  
Medical Dispute Resolution Request/Response – 4 Pages  
Table Of Disputed Charges – 2 Pages  
EOBs/DWC-62 – 14 Pages

Records Received From Julio Fajardo, DC:

Letter To Insurance From Texas Injury Clinic – 3 Pages  
Texas Injury Clinic Medical Reports – 10 Pages  
Texas Injury Clinic Daily Notes – 14 Pages  
Texas Injury Clinic Physical Testing – 10 Pages  
Texas Injury Clinic Rehabilitation – 4 Pages  
Texas Injury Clinic Imaging – 3 Pages  
Duplicates – 2 Pages

**Summary of Treatment/Case History:**

The patient received rehabilitative treatments for an injury to a lumbar disk and left shoulder. Treatment for the shoulder was shown on EOB as being performed from 1/7/05-2/15/05. The original injury occurred on \_\_\_\_. Declined for payment was #97110 (therapeutic exercise) and #97140 (manual therapy) for dates of service 12/06/04-2/15/2005, as they were not found to be medically necessary.

**Questions for Review:**

Items in dispute: Therapeutic exercises (#97110) and manual therapy technique (#97140).

**Phone Consult:**

A call was made to Texas Injury Clinic on 10/25/05 to delineate whether or not the care administered was for the lumbar disk or for the shoulder region. During that call, Aleta confirmed that the care was given to the left shoulder.

**Explanation of Findings:**

Injury to the lumbar disk was verified by diagnostic testing as well as injury to the shoulder.

**Conclusion/Decision to Not Certify:**

Items in dispute: Therapeutic exercises (#97110) and manual therapy technique (#97140).

Medically necessary is not established for the treatment #97110 (therapeutic exercises) and #97140 (manual therapy technique) for the shoulder region for dates of 1/7/05-2/15/05 that was administered to this patient. The original injury to the left shoulder occurred on \_\_\_\_, this is almost four months post injury date, past the window of time to administer acute and reparative care and is on the time frame that successful

completion for a treatment plan would normally be expected, given that the care given started at injury date, this care did not begin until almost four months post injury.

**References Used in Support of Decision:**

1. Fundamentals of Chiropractic Diagnosis and Management – Lawrence
2. Clinical Orthopaedic Rehab- Brotzman

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The physician providing this review is board certified in chiropractic medicine. The reviewer also holds additional certifications in Acupuncture and Orthopedics. The reviewer is a member of their state chiropractic association and is certified to provide reviews for the workers compensation commission as a designated doctor, RME and IME. The reviewer has been in active practice since 1998.

MRIOA 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 DWC.

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 MRIOA 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 MRIOA 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 MRIOA 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 MRIOA 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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