

# MAXIMUS

February 18, 2003

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M5-03-0880-01**

**TWCC #: 02131451**

**Injured Employee:**

**Requestor:**

**Respondent:**

**MAXIMUS** in blanks below except for DI:

:

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). -----' IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on -----'s external review panel. -----'s chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, -----'s chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a male who sustained a work related injury on ----- . The patient reports that while at work he slipped in a puddle of oil twisting his left knee and hitting the base of his head on the corner of a metal box. The patient reported injuring his head and neck. The patient underwent X-Rays of the left knee and cervical spine, an MRI of cervical spine and brain, an EEG and CBC. The patient's diagnoses included C5-C6 bulge with encroachment of the thecal sac and meniscal tear involving the body of the medial meniscus of the left knee. The patient reported being treated with oral medications, physical therapy and chiropractic care.

### Requested Services

Office visits and physical therapy sessions from 1/23/02 through 4/24/02.

## Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

## Rationale/Basis for Decision

-----'s chiropractor reviewer noted that the patient sustained a work related injury on -----. -----'s chiropractor reviewer noted that the patient had not received any form of actual therapy prior to 1/23/02. -----'s chiropractor reviewer explained that a 6-8 week trial of conservative care is acceptable to treat a work related injury such as the patient's. -----'s chiropractor reviewer noted that the documentation provided indicated that the patient underwent approximately 13 weeks of treatment. -----'s chiropractor reviewer explained that the documentation provided failed to show objective or subjective improvement in the patient's condition after 8 weeks of passive therapy. -----'s chiropractor reviewer noted that the records showed the patient complained of pain rating 8/10 on 1/23/02 and then a 9/10 on 3/25/02. -----'s chiropractor reviewer explained that active therapy should have begun 2-3 weeks after treatment began to attempt progression of the patient's condition. -----'s chiropractor reviewer noted that active therapy was delayed until the twelfth week of treatment. -----'s chiropractor reviewer explained that the patient's injury was 4 months old when treatment began. -----'s chiropractor reviewer further explained that the delay for active therapy was too long in this patient's condition. Therefore, -----'s chiropractor consultant concluded that the office visits and physical therapy sessions from 1/23/02 through 3/23/02 were medically necessary. However, -----'s chiropractor consultant concluded that the office visits and physical therapy sessions from 3/24/02 through 4/24/02 were not medically necessary to treat this patient's condition.

Sincerely,

-----

State Appeals Department