

May 7, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-1218-01

Dear

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This 40-year-old female claimant sustained multiple injuries from a work-related injury on 11/06/01.

Disputed Services:

Office visits, physical therapy and DME during the period of 03/02/02 through 07/10/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that the office visits (99213) during the period in question were medically necessary. The reviewer is of the opinion that electrical stimulation (97014), traction (97012), myofascial release (97250), joint mobilization (97265), therapeutic exercise (97110), and neuromuscular stimulator (E0745) were not medically necessary in this case.

Rationale for Decision:

Office Visits: This patient had a number of problems that resulted in a number of referrals from the treating doctor. The scheduled office visit reviews appear to be in line with the expected, usual, customary and medically necessary for an individual with this number of problems/referrals.

Various Treatment Modalities: Documentation reviewed fails to meet the criteria for the medical necessity of the modalities listed.

Neuromuscular Stimulator: The National Institute of Health lists neuromuscular stimulators as investigational use only for certain condition, not including the conditions listed for this patient.

The National Institute of Neurology Disorders and Stroke also lists neuromuscular stimulators only for investigational use of certain disorders, not including the ones listed for this patient.

Medicare has recently listed neuromuscular stimulators for acceptable treatment on 04/01/03. Acceptable treatments include muscle atrophy, for use for walking patients with spinal cord injury.

Documentation reviewed fails to support the medical necessity of neuromuscular stimulator.

I am the _____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,