MDR Tracking Number: M5-03-0115-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 Medical Review Division has reviewed the IRO decision and determined that **the respondent prevailed** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid IRO fee.

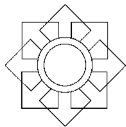
Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The group therapeutic procedures, myofascial release and joint mobilization were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 6th day of December, 2002.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

Enc: IRO report



Texas Medical Foundation

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NOTICE OF INDEPENDENT REVIEW DECISION

November 20, 2002

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: Injured Worker: ___
MDR Tracking #: M5-03-0115-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This worker sustained a work-related injury on ___. The documentation submitted for review did not contain information related to the origin of the injury, diagnostic evaluations or previous treatment other than the chiropractic treatment, for dates of service from 10/01/101 through 10/19/01. The treating chiropractor's pre-authorization request, dated 09/21/01 indicated that the patient's diagnoses are right radial fracture, fracture of facial bones, and post-concussion syndrome.

Requested Service(s)

Chiropractic treatment for dates of service from 10/01/01 through 10/19/01.

Decision

It has been determined that the chiropractic treatment, for dates of service from 10/01/101 through 10/19/01 was not medically necessary.

Rationale/Basis for Decision

This documentation submitted for review did not contain information related to the origin or specific nature of the injury, diagnostic evaluations and/or treatment history. In addition, there was no

information submitted that would indicate, clinically, that the chiropractic treatment provided was medically necessary. Therefore, the chiropractic treatment, for dates of service from 10/01/101 through 10/19/01 was not medically necessary.

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:vn