

MDR Tracking Number: M5-03-0159-01

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 hereby **Declines to Order** the respondent to reimburse 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 disputed office visits and physical therapy were found to **not** be medically necessary. The respondent raised no other reasons for denying reimbursement for these services.

This Decision is applicable to dates of service 4/1/02 through 6/26/02 in this dispute.

This Decision is hereby issued this 22nd day of November 2002.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

November 12, 2002

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

In a position statement provided by ___, ___ slipped on a drilling platform due to ice and sustained injuries to his neck, right shoulder, and left knee. ___ is the only doctor that mentions the neck and never offers any clinical documentation to support any injury. ___ makes no mention of an ankle injury, though the other doctors do. The ankle injury appears to have resolved fairly quickly. The two remaining areas appeared to be the left knee and right shoulder. The shoulder got better, while the knee problems persisted. Several of the doctors mentioned the possibility of surgery, but none appears to have been performed. ___ did not place the patient at MMI and projected it to 4-6 weeks. This would have placed the patient at MMI somewhere around 4/1/02 to 4/15/01. ___ stated that the patient had no significant knee pain. The MRI's showed mostly degenerative changes of the knee and shoulder. ___ made no surgical recommendations (4/9/02). There were no narratives from the treating doctor, only crude illegible notes from 4/1/02 to 6/26/02. These still documented a Visual Analog Scale (VAS) of 8-9 even with all the passive and active care this patient had. There were three exam forms (4/17, 5/16 & 6/14), none of which denote what side is being measured. Over this period of time, none substantiate any appreciable ROM changes (progress) that substantiate the need for continued care. Degenerative changes and previous injuries are major complicating factors that can prolong treatment durations. They can double treatment durations in cases with similar and uncomplicated diagnoses, but this is only when care shows a steady and significant progress. ___ is almost one year post-injury with very little change.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits and physical therapy from April 1, 2002 through June 26, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Unfortunately, the documentation of the office visits offers little to substantiate the medical necessity due to the canned format and paucity of clinically relevant information.

After extensive care, the documentation only denotes minimal changes in very few areas with an extremely high VAS of 8-9. The patient's VAS never really changed. Therefore care from 4/1/02 through 6/26/02 is found to be medically unnecessary based on the documentation provided for review. There were no appreciable changes, subjectively or objectively, to substantiate ongoing care.

As an officer of ____, I certify that there is no known conflict between the reviewer, ____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

____ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,