

MDR Tracking Number: M5-03-0171-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Chiropractic treatment/services (to include manipulations and therapeutic therapies) rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that Chiropractic treatment/services (to include manipulations and therapeutic therapies) fees were the only fees involved in the medical dispute to be resolved. As the treatment, (Chiropractic treatment/services - to include manipulations and therapeutic therapies) was not found to be medically necessary, reimbursement for dates of service from 11/9/01 through 4/26/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15 day of November 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

November 7, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0171-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker___ Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier___ 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 and licensed chiropractor on ___ external review panel. ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this physician 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, ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 46 year-old female who sustained the work related injury of lumbosacral strain and cervical and thoracic strain. carpel tunnel syndrome of the right wrist, tendonitis of both wrists, a right elbow injury, cervical injury and right shoulder strain. She has been treated with a right carpal tunnel release on 1/18/02 and right shoulder arthroscopy on 8/1/01. Muscle testing has been performed on 4/5/01, 7/10/01, 2/5/02, 3/12/02 and 4/16/02. The member also received work hardening treatment from September to November 2001 and work conditioning in November 2001 and April and May 2002.

Requested Services

Office visits with manipulations, therapeutic procedure, myofascial release, physical medicine treatment, neuromuscular re-education, ultrasound therapy, and joint mobilization from 11/9/01 to 4/26/02.

Decision

The Carrier ___ denial of coverage for these treatment services is upheld.

Rationale/Basis for Decision

___ chiropractor reviewer explained that the office notes do not demonstrate that these services were medically necessary for treatment of the patient ___ condition. ___ chiropractor reviewer noted complete examination protocols were not documented for these services. ___ chiropractor reviewer explained that the office notes do not support the need for the other services provided for this patient. Therefore, ___ chiropractor consultant concluded that these services were not medically necessary for treatment of the patient ___ condition.

Sincerely,