

MDR Tracking Number: M5-03-0218-01

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 IRO reviewed physical therapy, office visits, work hardening program, NCV studies, somatosensory testing, H or F reflex study, muscle and range of motion testing rendered from 10-9-01 to 2-1-02 that were denied based upon "U" or "V."

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO, and were denied with EOB denial code "F" and "A" that will be reviewed by the Medical Review Division.

On April 3, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The requestor did not submit medical records to support billed services per Rule 133.307(g)(3) and that preauthorization was obtained. Therefore, reimbursement is not recommended.

This Decision is hereby issued this 6th day August of 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

July 22, 2003

REVISED DECISION
Revision to include additional services and dates of service.

Re: Medical Dispute Resolution
MDR #: M5-03-0218-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ 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 female claimant was injured on her job on ___, suffering pain in her neck, back, chest and left shoulder. She received chiropractic treatment for her pain.

Disputed Services:

Office visits, physical therapy, FCE, work hardening, NCV studies, somatosensory testing, H or F reflex study, muscle testing, and range of motion testing during the period of 10/09/01 through 02/01/02.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that all the services in question as listed above were not medically necessary in this case.

Rationale:

Treatment of a work-related injury should be evaluated for effectiveness and modified based on clinical changes. During her treatment the patient's subjective complaints and treatment plan remained virtually unchanged until 10/15/01, despite no documented improvement in her condition. Both prior to and after 10/15/01, and entry into work hardening, the treatment plan was excessive and not medically necessary. When the patient had no documented improvement or changes after treatment for that length of time, she should have been referred to a pain management.

___ 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,