

MDR Tracking Number: M5-03-0242-01

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 requestor submitted, as part of this dispute, a claim for reimbursement of an orthopedic chair purchased on 10/13/00. This bill for the chair was more than one year old when submitted to the Commission. Therefore, the Commission has no jurisdiction for the service dated 10/13/00. 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 disputed office visits were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that office visit fees were the only eligible fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 12/13/01 to 3/21/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24th day of April 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

**IRO Certificate #4599**

### **NOTICE OF INDEPENDENT REVIEW DECISION**

April 15, 2003

**Re: IRO Case # M5-03-0242**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a

claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Anesthesiology and Pain Management. He or she has signed a certification statement attesting 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 referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 48-year-old male with chronic pain in the thoracic spine since a \_\_\_ injury. Extensive treatments have been rendered, but the pain persists.

Requested Service

Office visits with chiropractor 12/13/01 – 3/21/02, Orthopedic chair

Decision

I agree with the carrier's decision to deny the requested office visits. I disagree with the decision to deny the requested orthopedic chair.

Rationale

Extensive office visits had been utilized, and the patient's pain persists. There is no medical reason for chiropractic visits to continue three years after the date of injury.

The patient appears to have legitimate pain, and he works at a computer for long hours. It is reasonable to provide a suitable chair to enable him to perform his job duties.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,