

**THIS MDR TRACKING NO. WAS WITHDRAWN.
THE AMENDED MDR TRACKING NO. IS: M5-03-1111-01**

MDR Tracking Number: M5-03-0279-01

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 treatments 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 chiropractic treatment fees were the only 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 1/28/02 to 5/9/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 2nd day of January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

November 19, 2002

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

RE: MDR Tracking #: M5-03-0279-01
IRO Certificate #: 4326

___ 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 ___ 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 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. ___ 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 ___ 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 42 year old male sustained a work-related injury on ___ when he stepped on a rock, fell and twisted his back and left leg. His diagnoses include lumbar sprain/strain, lumbar facet syndrome, left knee sprain/strain and myofascial pain syndrome. He has been treated surgically as well as conservatively including chiropractic treatments from 01/28/02 – 05/09/02.

Requested Service(s)

Chiropractic treatments from 01/28/02 – 05/09/02

Decision

It has been determined that the chiropractor treatments from 01/28/02 to 05/09/02 were not medically necessary.

Rationale/Basis for Decision

According to the medical records, the patient was first seen by the chiropractor on 09/04/01. He was diagnosed with lumbar sprain/strain, lumbar facet syndrome, left knee sprain/strain, and myofascial pain syndrome and began a course of chiropractic treatments consisting of manipulation, myofascial release and therapeutic exercises. There was no change in his lower back and knee complaints from 09/04/01 through 10/25/01. On 10/30/01 he underwent arthroscopic surgery for a tear of the posterior horn and body of the left medial meniscus. The patient was re-evaluated by the chiropractor on 11/20/01 and the physical capacity testing revealed decreased function since the 10/16/01 physical capacity testing. He was

subsequently treated from 11/20/01 through 01/10/02 with no appreciable change noted in his condition. His pain level remained plateaued. The records revealed that rehabilitation of the knee began on 12/10/01. The orthopedic surgeons report on 12/18/01 indicated that the patient was six weeks post surgery and was working half a day.

A review of the pain scores revealed that the patient's self reported pain scores remained at a level of 5-6 over the entire course of treatment from 09/04/01 through 03/04/02. The patient received chiropractic treatments from 09/04/01 through 05/09/02 and the medical record demonstrated that after 01/11/02, no further improvement was noted in the patient's condition. Therefore, the chiropractic treatments from 01/28/02 to 05/09/02 were not medically necessary.

Sincerely,