

MDR Tracking Number: M5-03-0332-01

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 **or January 1, 2003** 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 office visits with manipulation, therapeutic exercises, gait training therapy and neuromuscular re-education 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 visits with manipulation, therapeutic exercises, gait training therapy and neuromuscular re-education 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 1/14/02 to 5/1/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of January 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

December 23, 2002

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

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___ 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.

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

This patient was injured on his job with ___ when he was lifting printing materials as a part of his normal job. He is a 72 year old with no documented history of back injuries in this file. The patient was treated with active and passive care by ___ of ___. Treatment was initiated on January 14, 2002 and the patient was found at MMI on May 16, 2002. While the treating doctor's letter of explanation indicates that MRI demonstrated arthritic changes, no copy of the MRI report was sent with the file. The case was generally documented very poorly.

DISPUTED SERVICES

The carrier is disputing the medical necessity of office visits with manipulation, therapeutic exercises, gait training and neuromuscular re-education.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The treating doctor on this case is required to demonstrate medical necessity on a treatment rendered. Unfortunately, the office notes resemble the "travel card" approach and do nothing to explain the condition of the patient. MRI certainly does not justify the extensive treatment rendered this patient due to the fact that the report was not presented and according to the treating doctor the predominant finding was that of a degenerative process in the lumbar spine. This is not unusual in a patient of 72 years. While it is conceivable that treatment would be necessary for an injury of this description, I see nothing in the doctor's submission that would show the treatment rendered was related to the compensable injury. The treating doctor also submitted copies of the TWCC Spinal Treatment Guidelines. It is to be noted that at the time the service was rendered, the guidelines had been removed from service by the Texas Legislature. Standing by the records presented, I am unable to disagree with the prior adverse finding.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

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,