

MDR Tracking Number: M5-03-0349-01

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, 2003 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 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 adverse determination that the office visits, joint mobilization, myofascial release, other modalities, therapeutic procedures were not found to be 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 the office visits, joint mobilization, myofascial release, other modalities, therapeutic procedures 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 6/18/02 through 7/27/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of July 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

June 30, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-0349-01
IRO Certificate No.: 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 injured her left arm and wrist in a work-related accident on _____. She has received ongoing conservative treatment, a stellate ganglion block, and eventually left wrist surgery on 06/05/02. She was given post-op active rehabilitation from 06/18/02 to 07/26/02.

Disputed Services:

Office visits, joint mobilization, myofascial release, other modalities and therapeutic procedures during the period of 06/18/02 through 07/27/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that none of the services in question were medically necessary in this case.

Rationale for Decision:

Many times, six to eight weeks of post-op rehabilitation with the specific active therapies and other modalities applied may be appropriate with an injury such as this. However, the records provided for review show no initial post-op baseline study, exam, or physical assessment with quantitative values to establish a realistic treatment plan and goals.

The doctor's SOAP notes were general and non-specific to each visit and did not formulate any change in treatment plan or recommendations. The notes were repetitive and with general, non-progressive qualitative remarks on the patient's subjective and objective findings. In addition, there was no reassessment at the four-weeks period post-op rehab to support the continued post-op treatment protocols following four weeks of rehabilitation.

Clinical Guidelines:

1. Guidelines for Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice. Washington State Chiropractic Association, 2001.
2. Clinical practice experience and professional judgment.

I am the Secretary and General Counsel of ___ 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,