

MDR Tracking Number: M5-03-0353-01

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 Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The chiropractic office visits with manipulations, therapeutic procedures, neuromuscular re-education and special reports were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 31st day of January 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

January 10, 2003

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

RE: MDR Tracking #: M5-03-0353-01
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 male patient sustained a work-related injury on ___ when he injured his left shoulder. From 04/18/02 through 05/08/02, the patient received chiropractic care in the form of office visits with manipulation, therapeutic procedure, neuromuscular re-education, and special reports.

Requested Service(s)

Chiropractic office visits with manipulation, therapeutic procedure, neuromuscular re-education, and special reports provided from 04/18/02 through 05/08/02.

Decision

It is determined that the chiropractic office visits with manipulation, therapeutic procedure, neuromuscular re-education, and special reports provided from 04/18/02 through 05/08/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record does not provide sufficient documentation to substantiate the medical necessity for chiropractic office visits with manipulation, therapeutic procedure, neuromuscular re-education, and special reports provided from 04/18/02 through 05/08/02. The daily subjective, objective, assessment, and plans (SOAP) notes do not provide appropriate or sufficient objective documentation such as positive orthopedic tests, decreased range of motion measurements, documented muscle weakness, etc, to justify the chiropractic care. Therefore, the chiropractic office visits with manipulation, therapeutic procedure, neuromuscular re-education, and special reports provided from 04/18/02 through 05/08/02 were not medically necessary.

Sincerely,