

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-2308.M5

MDR Tracking Number: M5-03-0372-01

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 treatment/services (including: office visits, physical therapies, reports, DME, NCV studies, 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 chiropractic treatment/services 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 3/11/02 to 9/2/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23rd day of December 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

November 26, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0372-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on ___ external review panel. ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 36 year-old female who sustained a work related injury to her upper back and right shoulder area on ____. Treatment for her injury has included chiropractic manipulation, physical therapy, myofascial release and rehabilitation. Diagnosis included supraspinatus impingement syndrome, internal derangement syndrome, rotator cuff syndrome and tenosynovitis of the shoulder.

Requested Services

Office visits, modalities, myofascial release, therapeutic activities, work hardening, manipulations, electrical stimulation, diathermy, special reports, copies of records, electrodes, physical education services, supplies and materials, nerve conduction studies, x-ray, traction, hot or cold packs, neuromuscular reeducation, neuromuscular stimulation and muscle testing from 3/11/02 to 9/2/02, which were denied on the basis that these services were not according to treatment guidelines and were not medically necessary for treatment of her condition.

Decision

The Carrier's denial of coverage for these services is upheld.

Rationale/Basis for Decision

___ chiropractor consultant explained that the standard of care is 6 to 8 weeks for conservative treatment. (See Mercy Guidelines (1993), Rand Study) ___ chiropractor consultant further explained that if significant improvement is not seen in that period, an appropriate referral should be made. ___ chiropractor consultant indicated that there was no measurable improvement in this case for the first 6 months of treatment. ___ chiropractor consultant noted that in September 2002, the patient had the same level of pain, with a decrease only in intensity, as she had originally. ___ chiropractor consultant also noted that her range of motion was a little better than it was originally, and that she has returned to work without restrictions. However, ___ chiropractor consultant indicated that her condition did not show measurable improvement during the period at issue. Therefore, ___ chiropractor consultant concluded that these services were not medically necessary for treatment of her condition.

Sincerely,