

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

SOAH DOCKET NO. 453-03-1538.M5

MDR Tracking Number: M5-03-0447-01

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 care (including office visits and therapy) rendered was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that chiropractic care (including office visits and therapy) fees were the only fees involved in the medical dispute to be resolved. As the treatment, (chiropractic care - including office visits and therapy) was not found to be medically necessary, reimbursement for dates of service from 10/29/01 through 4/5/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22nd day of, November 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 18, 2002

RE: MDR Tracking #: M5-03-0447-01
IRO Certificate #: 5242

___ 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 proposed 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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

The injured worker reported that on ___ he sustained an injury due to lifting some walls that weighed approximately 100 pounds. The injured worker reported having pain in his neck and in his shoulder. The patient went to the hospital and was given medications. The patient was then treated with physical therapy for 3-4 weeks, and then switched to chiropractic care on 08/07/2001. The Chiropractor diagnosed the patient with cervical and left rotator cuff sprain/strain grade 2 and myofascial pain syndrome. The Doctor treated the patient from 08/07/2001 until 04/05/2002. The patient was treated with active and passive modalities, and then went through a work hardening program.

Requested Service(s)

Physical therapy and office visits rendered from 10/29/2001 to 04/05/2002.

Decision

I am upholding the decision of the insurance carrier, that care from 10/29/01 to 4/5/02 was not reasonable and necessary.

Rationale/Basis for Decision

Although the patient had four weeks of PT, in proximity to the work injury, this didn't involve any reasonable physician direction. Because of this, when the patient saw the doctor on 8/7/01, this constituted the true onset of treatment for the work injury. Chiropractic care and PT was reasonable and necessary for 8 weeks, however, minimal progress was shown. Further sessions beyond this date cannot be considered reasonable and necessary. In the absence of objective documentation of improvement, the chiropractic care and physical therapy administered from 10/29/01 to 4/5/02 does not appear to be medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.