

MDR Tracking Number: M5-03-0485-01

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.

On 3/28/03, the requestor filed a withdrawal with the Commission withdrawing all disputed services, with the exception of those occurring between 1/14/02 and 3/18/02. The IRO reviewed all services between 1/14/02 and 3/18/02 for medical necessity. 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 physical therapy, office visits, phonophoresis and phonophoresis supplies 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 physical therapy, office visits, phonophoresis and phonophoresis supply 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 7/16/02 is denied and the Division declines to issue an Order in this dispute.

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

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 15, 2003

Re: IRO Case # M5-03-0485

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas, and who is a Certified Strength and Conditioning Specialist. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured her low back on ___ when she was lifting and carrying boxes. She was treated with chiropractic care.

Requested Service

Physical therapy sessions, office visit, phonophoresis and phono supplies 1/14/02-3/18/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The patient had received extensive chiropractic treatment, physical medicine, exercise therapy and testing prior to the dates in dispute with little, if any, documented relief of her symptoms. On 2/15/02 it was documented that lifting, sitting, getting into and out of her vehicle, driving her car, brushing her teeth, washing her face and working in the yard still increased her pain. On 1/11/02 she rated her low back pain 5 on a scale of 10. These subjective complaints still

persisted some seven to eight months post injury.

Prior to her injury of ___ the patient had three documented lower back injuries. This probably played a role in her ___ injury and her response to conservative treatment. It is probable that the disk bulges were preexisting, and that the ___ injury was a lumbar strain, which should have responded well to treatment within 4-6 weeks from the time treatment was initiated.

The efficacy of the therapeutic exercises prescribed during the dates in dispute is questionable. The exercises documented in the records presented for this review were nonfunctional, single joint, non proprioceptive, inflexible forms of exercise that provide very little, if any, beneficial gains to the patient, thereby doing little to improve strength and function. Exercises must be functional, multi-joint, lifelike, proprioceptively enriched and encourage flexibility in order to be beneficial to the patient. The exercise program during the dates in dispute failed in this.

The documentation presented for the dates in dispute fails to show how chiropractic treatment was beneficial to the patient. Even though the patient's subjective complaints and objective findings were not improving, the doctor continued with the same treatment on each visit. Treatment must be effective in relieving symptoms or improving function to be medically necessary, and the doctor in this case failed to show how the disputed services were necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,