

MDR Tracking Number: M5-03-0530-01

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 **or January 1, 2003** 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 disputed services 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 the medical necessity issues 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 2-18-02 through 5-17-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of May 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 1, 2003

Re: IRO Case # M5-03-0530

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, Rule 133.308 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. 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 his lower back and right shoulder on ___ when he lifted a bladder at a tire business. He has had shoulder surgery, chiropractic care, injections and pain management.

Requested Service

Office visits, unlisted therapeutic procedures, supplies, physical therapy 2/18/02 – 5/17/02

Decision

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

Rationale

According to the records presented for this review, the patient apparently had extensive conservative treatment prior to the dates under dispute, with poor results. He had shoulder surgery, injections, pain management aquatic therapy, therapeutic exercises, phonophoresis, psychological counseling and chiropractic care.

Various dates of MMI are documented. One doctor placed the patient on MMI 3/6/01 for his right shoulder. The treating doctor placed him on MMI 7/18/01, and a peer reviewer estimated the MMI date to be approximately 4/19/01. The dates of service under dispute were initiated some two years post injury, and seven to ten months post MMI, depending on which date is referenced. The shoulder injury should have reached MMI within six months of the surgery date of October 2000. The lower back injury was a lumbar sprain/strain injury superimposed on preexisting degenerative changes and should have resolved within eight to twelve weeks. Neither injury responded to conservative care prior to the dates in dispute. The patient had had adequate conservative and surgical treatment prior to the dates in dispute. The additional treatment and diagnostic studies included in the disputed services are not supported by the documentation.

After an MMI date is reached all further treatment must be reasonable and effective in relieving symptoms or improving function. The patient's condition had plateaued in a diminished condition prior to the dates in dispute, and therefore further treatment and testing was not medically necessary or reasonable.

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

Sincerely,