

MDR Tracking Number: M5-03-0543-01

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 office visits with manipulations, extremity study, electrical stimulation, neuromuscular stimulation and special 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 office visits with manipulations, extremity study, electrical stimulation, neuromuscular stimulation and special 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 10/29/01 to 12/12/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

February 5, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0543-01

___ 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 41 year-old female who sustained a work related injury on ____. The patient reports that while at work on ___ she injured her ankle/foot while running into a room and stepping on some type of object. The patient had X-Rays and an MRI. The patient was diagnosed with an ankle sprain. The patient was treated initially with arch supports then was injected and placed in a short-leg walking cast. She was also placed in a walking boot after the walking cast. The patient also participated in physical therapy.

Requested Services

Office visits with manipulations, extremity study, electrical stimulation, neuromuscular stimulation, and special services from 10/29/01 through 12/12/01.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

___ chiropractor reviewer noted that the patient had sustained a work related injury on ____. ___ chiropractor reviewer indicated that the documentation provided did not show adequate clinical documentation of orthopedic or neurological testing. ___ chiropractor reviewer also indicated that the documentation provided did not contain adequate soft tissue findings or chiropractic findings. ___ chiropractor reviewer explained that the documentation provided did not show adequate clinical guidance that supports chiropractic care. Therefore, ___ chiropractor consultant concluded that the office visits with manipulations, extremity study, electrical stimulation, neuromuscular stimulation, and special services from 10/29/01 through 12/12/01 were not medically necessary to treat this patient's condition.

Sincerely,