

MDR Tracking Number: M5-03-0610-01

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 consultation and muscle testing 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 consultation and muscle testing 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 date 11/13/01 is denied and the Division declines to issue an Order in this dispute.

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

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

March 11, 2003

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Re: Medical Dispute Resolutions
MDR#: M5-03-0610-01
Injured Employee:
DOI:
SS#:
IRO Certification No.: IRO 5055

Dear Ms. ____:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This 52-year-old female claimant sustained a low back strain on _____. She was under treatment with physical therapy modalities, and continued working when she sustained a second work-related injury on _____.

She continued physical therapy, including heat and cold packs, electrical muscle stimulation, ultrasound, massage, and so forth, and chiropractic adjustments and exercise.

Disputed Services:

Office consult and muscle testing on 11/13/01.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the consult and testing named above were not medically necessary in this case.

Rationale for Decision:

This office consult and muscle testing were unnecessary in the overall care of this patient. While the evaluation is well documented, including a narrative assessment, physical therapy performance test, computerized muscle-testing exam, manual range of motion muscle testing, the physician's treatment plan emphasizes strengthening of the left lower extremity and overall conditioning. This area had already been addressed in the previous three months of treatment since the low back injury, with two months of additional treatment since her knee injury.

I am the Secretary and General Counsel of Independent Review, Inc and I certify that the reviewing healthcare professional in this case certified to to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel
GP: mbs