

MDR Tracking Number: M5-03-0620-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The IRO reviewed chiropractic treatment rendered from 4-26-02 to 7-31-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. The Medical Review Division reviewed office visits and physical therapy services denied based upon "O."

On April 21, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The requestor did not submit medical records to support billed service; therefore, reimbursement is not recommended.

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

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

January 24, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0620-01
IRO Certificate #: 4326

___ 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 rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care.

___ health care professional 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

This 57 year old male sustained a work-related injury on ___ to his neck, low back and knees when he slipped on a wet floor and fell on his hands and knees. The clinical and diagnostic work-up revealed cervical and lumbar radiculopathy, bilateral lumbar facet disease, bilateral sacroiliac joint dysfunction and myofascial pain syndrome. Treatment has included medications, physical therapy, pain management, and injections, as well as chiropractic services rendered from 04/26/02 through 07/31/02 that included office visits, exercises, office visits with manipulation, myofascial release, ultrasound, traction, and durable medical equipment (DME) supplies.

Requested Service(s)

Chiropractic services rendered from 04/26/02 through 07/31/02 that included office visits, exercises, office visits with manipulation, myofascial release, ultrasound, traction and DME supplies.

Decision

It has been determined that the chiropractic services rendered from 04/26/02 through 07/31/02 that included office visits, exercises, office visits with manipulation, myofascial release, ultrasound, traction and DME supplies were not medically necessary.

Rationale/Basis for Decision

The information submitted for review included documentation of a pain management evaluation on 11/16/01 and treatment notes through 11/11/02 which indicated that the patient was on a home exercise program. The records reviewed revealed no progression of the patient's condition that would warrant further passive applications, i.e., manipulations, ultrasound, etc. It is common practice among rehabilitation professionals to have quantitative and qualitative means of assessment to warrant the continued application of the services provided to a patient in a clinical setting (Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice, published by the Washington State Chiropractic Association in 2001). Therefore, the chiropractic services rendered from 04/26/02 through 07/31/02 that included office visits, exercises, office visits with manipulation, myofascial release, ultrasound, traction, and durable medical equipment (DME) supplies were not medically necessary.

Sincerely,