

MDR Tracking Number: M5-03-0644-01

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 requestor submitted a medical dispute resolution request on 11/1/02 and was received in the Medical Dispute Resolution on 11/2/01. The disputed date of service 10/31/01 is not within the one year jurisdiction in accordance with Rule 133.308(e)(1) and will be excluded from this Finding and Decision.

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, data analysis, neuromuscular re-education, physical medicine, myofascial release, joint mobilization and DME 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 office visits, data analysis, neuromuscular re-education, physical medicine, myofascial release, joint mobilization and DME 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 11/6/01 to 8/12/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22<sup>nd</sup> day of April 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

January 15, 2003

#### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-03-0644-01**

\_\_\_ 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 26 year-old male who sustained a work related injury on \_\_\_. The patient reports that while at work on \_\_\_ he was hit in the back of the head by a 200-400 pound machine. The patient was taken to the emergency room where he was treated for a laceration to the right side of the head, pain and spasm in the right shoulder, lumbar and cervical regions. The patient underwent an MRI of the cervical region that showed a 2mm posterior inter-space of the osteophytes in the C5-C6 aspect. MRI of the right shoulder showed inner degenerative signal involving the supraspinatus tendon and bicipital tendonitis fluid within the tendon sheath. The patient has been treated with passive and active therapy along with a work hardening program.

### Requested Services

Office visits with manipulations, data analysis, neuromuscular reeducation, physical medicine treatment, myofascial release, joint mobilization, DME supply from 11/6/01 through 8/12/02.

### 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 concluded that the office visits with manipulations, data analysis, neuromuscular reeducation, physical medicine treatment, myofascial release, joint mobilization, and DME supply from 11/6/01 through 8/12/01 were not medically necessary to treat this patient's condition. \_\_\_ chiropractor reviewer explained that the patient was deemed to be at maximum medical improvement on 12/13/01 with 12% whole person impairment. \_\_\_ chiropractor reviewer further explained that the continuing care went well beyond the recommended guidelines for medical necessity without showing substantial improvement for this patient. (Mercy Guidelines, AHCPH Guidelines). Therefore, \_\_\_ chiropractor consultant concluded that the office visits with manipulations, data analysis, neuromuscular reeducation, physical medicine treatment, myofascial release, joint mobilization, and DME supply from 11/6/01 through 8/12/02 was not medically necessary to treat this patient's condition.

Sincerely,