

MDR Tracking Number: M5-03-0646-01

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 the chiropractic treatments 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 chiropractic treatment 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 6/5/02 to 8/6/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 4th day of April 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 31, 2003

Re: IRO Case # M5-03-0646

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 IRO's, 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 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 ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment was not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

The patient was injured on ___ when plywood fell on his right hand. He was treated for a hand contusion. On 5/29/02 he was seen by the treating chiropractor.

Requested Service(s)

Chiropractic treatments rendered from 6/5/02 to 8/6/02.

Decision

I agree with the carrier's decision to deny the requested chiropractic care for the disputed dates.

Rationale

The documentation presented for this review does not include information about what treatment was given prior to the patient's initial visit with the treating doctor. It is not clear why the patient waited ten months to seek treatment for his injury. It appears that in waiting so long to seek treatment, the injury must have been minor in nature (i.e. a contusion injury). It was reported that an MRI showed inflammation of the tendons of the right hand as a result of the contusion injury. An initial visit with the doctor was reasonable for diagnostic purposes and to establish a treatment plan. No further rehab would be necessary for this patient's injury. A home-based exercise program and anti-inflammatories should have been beneficial, reasonable and effective in relieving symptoms and improving function. The documentation presented failed to show how the disputed services were necessary.

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

Sincerely,
