

MDR Tracking Number: M5-03-0748-01

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 Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The work hardening program and FCEs were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 14th day of February 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

February 5, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0748-01

___ 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 female who sustained a work related injury on _____. The patient reports that while at work on _____ she was assisting a customer when she tripped over a coworker's foot. The patient fell forward onto both knees and right ankle and then backwards onto her lower back. The patient reported injuring her low back, both knees, and her right ankle. The patient had X-Rays, MRI of the lumbar spine, both knees, and right ankle. The patient's diagnoses include lumbar strain, contusion of both knees, and fracture of the right ankle. The patient has been treated with therapy beginning with modalities and manipulation and advancing to a work hardening program.

Requested Services

FCE's and work hardening treatment rendered from 10/25/01 through 12/14/01.

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 also noted that the records provided contain minimal clinical documentation of any orthopedic or neurological testing. _____ chiropractor reviewer further noted that the documents provided contained minimal documentation of soft tissue or chiropractic findings. _____ chiropractor reviewer explained that the documentation provided failed to show location of her pain from office visit to office visit. _____ chiropractor reviewer also explained that the documentation provided failed to show the severity of pain, pain scale, occurrence of pain, or what make her pain increase or decrease. Therefore, _____ chiropractor consultant concluded that the FCEs and work hardening treatment rendered from 10/25/01 through 12/14/01.

Sincerely,
