

MDR Tracking Number: M5-03-0777-01

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.

Any dates of service after 9/20/02 were filed pre-maturely therefore will not be mentioned further in 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, therapeutic procedures, application of modality and special reports 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, therapeutic procedures, application of modality and special report 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 7/8/02 to 9/20/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6<sup>th</sup> day of May 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

January 28, 2003

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

**RE: MDR Tracking #: M5-03-0777-01**

\_\_\_ 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 45 year-old female who sustained a work related injury on \_\_\_\_. The patient reports that while working on \_\_\_ she was waling when she slipped and fell injuring her right knee. She was diagnosed with contusion of the right knee on 2/19/02 in the emergency room. The patient had X-Rays and an MRI. She was treated with chiropractor manipulations, aquatic therapy, and TENS. The patient had an orthopedic consultation.

### Requested Services

Office visits, therapeutic procedures, application of modality, special reports from 7/8/02 through 9/20/02.

### 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 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 patient received increased therapy treatments. However, \_\_\_ chiropractor reviewer indicated the patient continued to complain of increased pain and burning. \_\_\_ chiropractor reviewer explained that the documents provided did not support the continued chiropractic care. Therefore, \_\_\_ chiropractor consultant concluded that the office visits, therapeutic procedures, application of modality, and special reports from 7/8/02 through 9/20/02 were not medically necessary to treat this patient's condition.

Sincerely,

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