

MDR Tracking Number: M5-03-0792-01

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 office visits, joint mobilization, manual traction, therapeutic procedure, myofascial release, and travel 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, joint mobilization, manual traction, therapeutic procedure, myofascial release, and travel 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 2/14/02 to 7/30/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 8th day of May 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

January 3, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0792-01

___ 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 44 year-old female who sustained a work related injury on ____. The patient reports that she worked as a bus driver, and while loading some baggage onto a bus, she sustained a sprain to her right wrist. The patient has undergone X-Rays and an MRI that showed a bone cyst of the carpal lunate. The patient was treated with joint mobilization/manipulation, manual traction, myofascial release, paraffin bath, therapeutic exercises and home exercise program.

Requested Services

Office visits, joint mobilization, manual traction, therapeutic procedure, myofascial release, unusual travel from 2/14/02 through 7/30/02.

Decision

The Carrier's denial of coverage for these services is upheld.

Rationale/Basis for Decision

___ chiropractor reviewer determined that the office visits, joint mobilization, manual traction, therapeutic procedure, myofascial release, and unusual travel from 2/14/02 through 7/30/02 were not medically necessary to treat this patient's condition. ___ chiropractor reviewer explained that the medical records provided did not show clinical improvement. ___ chiropractor reviewer also explained that the medical records did not contain information on the patient's reported pain level, the verification of strained ligaments, or the part of the body to which treatment was rendered. ___ chiropractor reviewer further explained that the medical records provided failed to show the patient's progress with the treatment rendered. Therefore, ___ chiropractor consultant has concluded that the office visits, joint mobilization, manual traction, therapeutic procedure, myofascial release, and unusual travel from 2/14/02 through 7/30/02 were not medically necessary to treat this patient's condition.

Sincerely,
