

MDR Tracking Number: M5-03-0793-01

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 office visits with manipulation, impairment rating examination, physical therapy, range of motion, NCV studies, H/F reflex studies, somatosensory testing, NMI testing, special reports durable medical equipment and muscle testing 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 with manipulation, impairment rating examination, physical therapy, range of motion, NCV studies, H/F reflex studies, somatosensory testing, NMI testing, special reports durable medical equipment and muscle testing 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 3/7/02 to 8/12/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 18th day of March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

February 27, 2003

MDR Tracking #: M5-03-0793-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This patient injured her low back and neck in an occupational accident on ____. The treating doctor on this case has treated with conservative care since shortly after the injury to include chiropractic manipulations along with passive and active care. MRI on this case demonstrated no significant pathology. A nerve test was performed by a group from Sarasota, Florida which indicated nerve root dysfunction at L5 and S1. Ranges of motion were presented by the treating clinic which demonstrated borderline normal readings on those tests which were performed within standards. A FCE was performed by DFW Mobile Impairment Raters on May 21, 2002. This demonstrated a lifting capability of Extremely Heavy, per NIOSH standards. The report suggested that the patient was unable to return to work and perform full duty, but the patient was noted to be working. No definitive reason was given for the patient's inability to work with the excellent results of the FCE.

DISPUTED SERVICES

The carrier has found a lack of medical necessity for office visits, including those with manipulation, an MMI/IR examination, physical medicine, ranges of motion, NCV studies, H/F reflex studies, somatosensory testing, NMI testing, special reposts, durable medical equipment and muscle testing ranging from March 7, 2002 through August 12, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This case was so poorly documented as to have no reasoning behind the treatment. All of the treatment was documented by "travel card" and gave no insight into the treatment protocol and why such extensive treatment was being rendered on what seems to be a sprain/strain type of injury. The ranges of motion were so poorly performed that they are virtually unusable. On the ones that were documented, the J-Tech equipment registered cervical extension from a low of 118 degrees to a high of 157 degrees, yet flexion ranged from a low of 4 degrees to a high of 15 degrees. There is no circumstance where this could be accurate. The FCE demonstrated a capability of very heavy lifting, yet the patient's treatment went on for several weeks after that point. There was no indication in any of the limited documentation that this patient had anything more than a sprain/strain and I see no reason for a referral of the neurological testing. While it is clearly reasonable to perform MMI and impairment, the treating doctor did not document such an examination in his submission. No TWCC 69 or narrative explaining any impairment that was given was submitted. Due to the reasons above, I am unable to determine that the treatment rendered was reasonable and necessary at any point.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, dba ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,