

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-3584.M5

MDR Tracking Number: M5-03-0819-01

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 FCE, work hardening and physical therapy 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 FCE, work hardening and physical therapy 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 11/20/01 to 3/15/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of May 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

January 14, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0819-01

___ 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 37 year-old female who sustained a work related injury on ____. The patient reports that while at work she was lifting and moving boxes, stacking them on top of each other. The patient reports that while lifting these boxes she experienced a severe pain in her back and abdomen. The patient was treated with active rehabilitation consisting of therapeutic exercises and therapeutic procedures 3 times a week for 4 weeks for a total of 12 weeks. An FCE was performed and work hardening was prescribed.

Requested Services

FCE, work hardening, and physical therapy from 11/20/01 through 3/15/02.

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 concluded that after reviewing the medical records the FCE, work hardening, and physical therapy from 11/20/01 through 3/15/02 were not medically necessary to treat this patient's condition. ___ chiropractor reviewer explained that the patient was diagnosed with a back sprain/strain. ___ chiropractor reviewer noted that the documentation provided failed to show that there was any orthopedic or neurologic testing provided to this patient. ___ chiropractor reviewer also noted that the documentation provided did not show the patient's pain progress office visit to office visit and fails to document positive gains from this treatment. ___ chiropractor reviewer further noted that the documentation provided failed to indicate the actual exercise program that this patient participated in. ___ chiropractor reviewer explained that the medical records provided failed to prove that this patient had obtained the level to participate in a work hardening program. Therefore, ___ chiropractor consultant concluded that the FCE, work hardening and physical therapy from 11/20/01 through 3/15/02 was not medically necessary to treat this patient's condition.

Sincerely,