

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

SOAH DOCKET NO. 453-03-2903.M5

MDR Tracking Number: M5-03-0872-01

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 and physical medicine 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 and physical medicine 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 to 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 24, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5 03 0872 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.

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 was injured in his right upper extremity on the job and began treatment with the requestor on March 12, 2002. The treatment areas included the neck, right shoulder and right elbow. He underwent physical medicine and chiropractic manipulation by ___ beginning on March 18, 2002, but he eventually had surgery on the shoulder by ___. MRI was performed in October of 2002 and revealed post-operative changes but no further pathology was revealed. The carrier's peer reviewer, ___, indicated that care was unreasonable after June 12, 2002. ___ noted that there were 27 office visits through that date and surgery was imminent. The carrier's position statement indicates that there is no documentation supporting extensive preoperative care.

DISPUTED SERVICES

The carrier has denied the medical necessity of office visits and physical medicine from June 19, 2002 through July 10, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There is no documentation in this file that would indicate that ongoing care before surgery is warranted, especially considering that 34 office visits were noted before the surgery. The patient clearly was not responding to care at this point in time and the extensive physical medicine should have been discontinued until after the surgery. The notes that are presented do not indicate that any progress has been made in this patient injury, which would certainly be a reason to deny ongoing care after the 27 visits the carrier approved. While giving the patient the benefit of the doubt is certainly important,

the lack of any documented improvement after 34 office visits prevents this reviewer from determining the treatment in question as being reasonable.

___ 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 ___, 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,