

MDR Tracking Number: M5-03-0922-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution –General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 12-5-02.

The IRO reviewed chiropractic treatment, therapeutic exercises, electric stimulation, ultrasound, myofascial release, supplies, work hardening, massage rendered from 12-27-01 through 8-9-02 that were denied based upon “U” and “V”.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were denied based upon EOB denial code “T” that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On November 6, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor’s receipt of the Notice.

The requestor did not submit medical records in accordance with Rule 133.307(g)(3)(B) to support fee dispute, therefore, no reimbursement is recommended.

This Decision is hereby issued this 25th day of November 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 9, 2003

Re: IRO Case # M5-03-0922-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient was injured on ___ when someone stepped on his foot. He was seen by a podiatrist on 2/26/01, and was treated with medication and physical therapy. He was then seen by a physician on 4/30/01. An MRI was performed 6/14/01 with a finding of tenosynovitis, and a sympathetic block was performed on 8/16/01. The treating chiropractor performed an FCE on 9/28/01, and recommended a pain management program.

Requested Service

Mechanical traction; electrical stimulation; ultrasound therapy; therapeutic exercise; myofascial release/soft; supplies; therapeutic procedure massage; MP office outpatient visits; PT one area and work hardening 12/27/01 –8/9/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The x-rays and MRI were essentially normal, revealing only mild tenosynovitis superimposed on preexisting DJD of the right foot and ankle. This was nothing more than a mild soft tissue injury, and it should have responded with appropriate medical treatment within 2 to 3 months after treatment was started by the physician, which would have been by 10/2001. From that point on, the reoccurrence of any symptoms should have responded well to a home-based exercise program and OTC medication. Continued treatment, such as the treatment in dispute was inappropriate and unnecessary.

The documentation for the dates in dispute fails to show that the treatment was effective in relieving symptoms or improving function. The dates of treatment were sporadic, and the documentation continually failed to show the need for continued treatment. The patient's condition had plateaued prior to the start of the disputed services, making them unnecessary and unreasonable.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,