

MDR Tracking Number: M5-03-0975-01

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, including physical and therapeutic exercises, reports muscle testing and supplies 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, including physical and therapeutic exercises, reports muscle testing and supply 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 5/30/02 to 11/6/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20th day of February 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

February 17, 2003

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___ 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

___ was injured on his job while sitting on a mechanical sweeper. He was leaning forward and beginning to eat from a lunch pale when he was struck from behind by another sweeper. He had an instantaneous onset of pain in the cervical, thoracic and lumbar regions. He was initially treated by ___ with chiropractic care and also had passive and active treatment during that time. Documentation indicates that the patient was found to be at MMI with 10% impairment on June 19, 2002. MRI of the lumbar spine was included in the documentation and it was pretty much negative, except for a minor bulge at L4/L5.

DISPUTED SERVICES

Electrical stimulation, therapeutic exercise, physical performance examinations, muscle testing, special reports, office visits with manipulation, supplies and office consultations are denied by the carrier as medically unnecessary with a peer review.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Passive care certainly was not indicated at this point in this patient's treatment plan. I find no documentation that indicates the active care was reasonable and necessary. What little that the physical performance testing shows does indicate that the patient actually became worse with treatment. The PPE evaluations are not indicative of where a patient should be at this point in recovery and indications are from the lack of documentation by the treating doctor that there was no clear focus to a treatment plan. I see no indication that the office visits were reasonable for this patient, either, nor were the office supplies on this case. There was no indication that this patient suffered from anything other than a sprain/strain. The chiropractic clinical reviewer on this case was correct that this patient should have been back to work after about 4-6 weeks of appropriate treatment. Care after that point would have little effect on a patient such as this, except to possibly make him system dependent.

___ 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,