

MDR Tracking Number: M5-03-1009-01

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 therapeutic exercises, electrical stimulation, myofascial release, joint mobilization, office visits, analgesic balm, muscle testing, TENS consumable 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 therapeutic exercises, electrical stimulation, myofascial release, joint mobilization, office visits, analgesic balm, muscle testing, TENS consumable supplies 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 2/4/02 through 2/19/02 is denied and the Division declines to issue an Order in this dispute.

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

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

March 13, 2003

**Re: IRO Case # M5-03-1009**

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 \_\_\_ while lifting trays of chicken. She was treated by three doctors. She has had physical therapy, one injection and chiropractic care for her elbow and shoulder pain.

Requested Service

Therapeutic exercises, electrical stimulation, myofascial release, joint mobilization, office visits, analgesic balm, muscle testing, TENS consumable supplies 1/17/02 – 2/26/02

Decision

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

Rationale

The patient received extensive conservative treatment without any documented proof that treatment was successful. The patient's condition appears unchanged during the treatment period. In order to continue treatment, documentation should show sustained, continued improvement over time as a result of her treatment. The documentation presented for this review fails to show that the treatment rendered was of any benefit to the patient. It appears that the patient's condition plateaued in a diminished condition prior to the dates under dispute, and further treatment would then have been ineffective in relieving symptoms or improving function. The doctor failed to show in his documentation how the disputed services were necessary.

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

Sincerely,

---