

MDR Tracking Number: M5-03-1023-01

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 physical therapy sessions, office visits and work conditioning 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 physical therapy sessions, office visits and work conditioning 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 1/16/02 to 7/16/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23rd day of April 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 14, 2003

Re: IRO Case # M5-03-1023

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, Rule 133.308 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 IRO's, 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 for review, is as follows:

History

The patient injured his lower back on ___ after lifting a roll of film that weighed about seventy pounds. He began chiropractic treatment on 11/19/01.

Requested Service(s) physical therapy sessions, office visits 1/16/02-7/16/02, work conditioning 5/8/02

Decision

I agree with the carrier's decision to deny the requested treatment as not medically necessary.

Rationale

The patient received extensive chiropractic treatment and rehabilitation and a work hardening program. Injury such as that suffered by this patient should respond very well to chiropractic treatment in 8-12 weeks without a work hardening program. I agree with the recommendation of one reviewer that the patient receive 30 treatments. If the patient did not respond to the first thirty treatments, a second opinion would have been appropriate. The patient had some 120 chiropractic visits. The documentation provided for this review is repetitive and confusing, with very little change in treatment protocol. The documentation fails to show that the treatment was effective in relieving symptoms or improving function after the initial 30 visits. Extensive kinetic activities failed to improve function and relieve symptoms, thus a work hardening or conditioning program was not warranted.

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

Sincerely,
