

MDR Tracking Number: M5-03-1049-01

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, 2003 and Commission Rule 133.305 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.

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 the unlisted physical medicine/rehab treatments were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the unlisted physical medicine/rehab treatments were the only fees involved in the medical dispute to be resolved. As the unlisted physical medicine/rehab treatments were **not found to be medically necessary**, reimbursement for dates of service from 8/9/02 through 10/11/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24th day of June 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

June 20, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1049-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This physician is a board certified physical medicine and rehabilitation. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 43 year-old female who sustained a work related injury on _____. The patient reported that while at work she was attempting to lift a resident with a co-worker when the patient started to fall. The patient and her co-worker attempted to prevent the fall, resulting in back, left wrist, right shoulder and groin stress. The patient has been evaluated by multiple physicians and chiropractors since the injury and has had multiple studies and treatments including physical therapy, electrical stimulation, shoulder arthroscopic surgery unrelated to back injury _____ and trigger point injections. The patient started a behavioral chronic pain management program 6/5/02 the first part of which was pre-authorized.

Requested Services

Unlisted physical medicine/rehab from 8/9/02 through 10/11/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The _____ chiropractor reviewer noted that this case concerns a 43 year-old female who sustained a work related injury to her left wrist, right shoulder and groin on _____. The _____ physician reviewer also noted that the patient was treated with physical therapy, electrical stimulation, shoulder arthroscopic surgery and trigger point injections. The _____ physician reviewer explained that the documentation provided did not demonstrate that the patient's condition was reviewed on any regular basis. The _____ physician reviewer also explained that the documentation provided failed to show that this patient's goals or progress towards goals were reviewed. Therefore, the _____ physician consultant concluded that the unlisted physical medicine/rehab from 8/9/02 through 10/11/02 were not medically necessary to treat this patient's condition.

Sincerely,