

MDR Tracking Number: M5-03-1066-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The mechanical traction therapy, myofascial release, therapeutic exercises, office visits with manipulations and ultrasound therapy were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 4th day of March 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

February 27, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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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

___ suffered a compensable injury to his neck and right shoulder in a work related incident on ___. While records from the early part of his treatment program are sketchy, at best, the treating doctor did refer for MRI in March of 2002 which demonstrated with degeneration, but no focal disc herniation or annular disruption of note. The patient underwent a facet block on May 16, 2002 by ___. The treating doctor treated with extensive passive and active treatment on this case. The records indicate that the treatment was directed to the right shoulder and cervical spine.

DISPUTED SERVICES

The carrier has denied medical necessity of mechanical traction, myofascial release, therapeutic exercises, office visits with manipulations and ultrasound therapy as medically unnecessary.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The treatment rendered is not documented as to its medical necessity by the treating doctor. While the notes are clearly in the SOAP format, they tend to actually disprove the medical necessity of ongoing treatment. There is no rationalization of the treatment protocol by the treating doctor on this case. For instance, we see no explanation of why passive and active treatment would be ongoing after 3 ½ to 4 years after the date of injury for what appears to be a soft tissue injury. The doctor's own notes indicate that the symptoms are mild and the documentation states that the subjective complaints are either unimproved or even worse, despite the mild nature of the objective assessment. There is no documentation that included that would justify the treatment of this extensive nature so far after an injury of this type.

___ 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 ____, 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,