

MDR Tracking Number: M5-03-1087-01

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 (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 range of motion measurements, electrical stimulation, therapeutic exercise, myofascial release/soft, joint mobilization, physical performance MT muscle testing, supplies, special reports, group therapeutic procedures, diathermy and MP office visits 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 range of motion measurements, electrical stimulation, therapeutic exercise, myofascial release/soft, joint mobilization, physical performance MT muscle testing, supplies, special reports, group therapeutic procedures, diathermy and MP office visits 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 3/4/02 to 6/12/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 28th day of March 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

March 20, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE:

MDR Tracking #:	M5-03-1087-01
IRO Certificate #:	4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the

above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating 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 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 this case.

Clinical History

This patient sustained a work-related injury on ___ when she was cleaning a bathroom floor. She bent over and twisted and felt a pop in her low back and began experiencing sharp and stabbing low back pain. An MRI revealed multi-level disc bulging without frank herniations or significant neural compromise. The patient was treated with physical therapy and epidural steroid injections. The patient received chiropractic care for a duration of 8 weeks that included active and passive care. The patient began care with a second chiropractor. While under the care of the second chiropractor, the patient received range of motion measurements, electrical stimulation, therapeutic exercise, myofascial release/soft, joint mobilization, physical performance MT muscle testing, supplies, special reports, group therapeutic procedures, diathermy, and MP office outpatient visits, from 03/04/02 through 06/12/02.

Requested Service(s)

Range of motion measurements, electrical stimulation, therapeutic exercise, myofascial release/soft, joint mobilization, physical performance MT muscle testing, supplies, special reports, group therapeutic procedures, diathermy, and MP office outpatient visits, from 03/04/02 through 06/12/02.

Decision

It is determined that the range of motion measurements, electrical stimulation, therapeutic exercise, myofascial release/soft, joint mobilization, physical performance MT muscle testing, supplies, special reports, group therapeutic procedures, diathermy, and MP office outpatient visits, from 03/04/02 through 06/12/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation does not indicate what type of chiropractic care was performed prior to the beginning of treatment with the second chiropractor. The patient was examined on 01/24/02 and deemed to be at maximum medical improvement (MMI) and assigned a 5% impairment rating as of that date. It would be typically unexpected to continue the same type of care after the determination of MMI and assignment of impairment to try and bring additional

therapeutic gain from the delivery of the same type of care. Therefore, range of motion measurements, electrical stimulation, therapeutic exercise, myofascial release/soft, joint mobilization, physical performance MT muscle testing, supplies, special reports, group therapeutic procedures, diathermy, and MP office outpatient visits, from 03/04/02 through 06/12/02 were not medically necessary.

Sincerely,