

MDR Tracking Number: M5-03-1234-01

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 the office visits with manipulations and physical therapy 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 office visit with manipulations and physical therapy 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 through 3/6/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 13th day of May 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division
NLB/nlb

April 24, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1234-01

___ 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 chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor 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 ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 62 year-old male who sustained a work related injury on _____. The patient reported that while at work he was operating a commercial grade drill that is used for excavating. The patient reported that while operating this machinery, the patient was pushing the drill forward and pulling it back, causing pain in the neck and back area. The patient was evaluated and treated with physical therapy. The patient underwent an MRI on 10/29/01, orthopedic evaluation on 12/6/01, epidural steroid injections on 1/7/02 and began post injection rehabilitation on 1/18/02 for six visits. The patient was then referred to work hardening, but complained of increasing pain and was treated with further physical therapy before the work hardening program. The patient did complete work hardening.

Requested Services

Office visits/manipulations and physical therapy from 1/16/02 through 3/6/02.

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 the patient sustained a work related injury on _____. The _____ chiropractor reviewer also noted that the patient was treated with chiropractic manipulations and physical therapy. The _____ chiropractor reviewer explained that the patient did not make sufficient progress with the treatments rendered. The _____ chiropractor reviewer also explained that the patient did not make progress despite the continued care. Therefore, the _____ chiropractor consultant concluded that the office visits/manipulations and physical therapy from 1/16/02 through 3/6/02 were not medically necessary to treat this patient's condition.

Sincerely,