

MDR Tracking Number: M5-03-1284-01

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 therapeutic procedure, office visits, myofascial release, joint mobilization, physical medicine treatment, unusual travel, traction and office visits with manipulations 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 the therapeutic procedure, office visits, myofascial release, joint mobilization, physical medicine treatment, unusual travel, traction and office visits with manipulations 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 2/1/02 through 3/25/02 are denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12th day of May 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

April 23, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1284-01

___ 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 52 year-old male who sustained a work related injury on ____. The patient reported that while at work he was lifting an object when he experienced right arm pain. The patient underwent an MRI that showed annular ligament tear of the elbow. The diagnoses for this patient included medical epicondylitis, elbow bursitis and elbow arthritis. The patient has been treated with chiropractic care that included manipulations, therapeutic exercises, myofascial released, joint mobilization, and mechanical traction. The patient also attended a work hardening program.

Requested Services

Therapeutic procedure, office visit, myofascial release, joint mobilization, physical medicine treatmnt, unusual travel, traction and office visits' with manipulations from 2/1/02 to 3/25/02.

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 explained that there should be objective findings to substantiate care seven months after the original injury. The ___ chiropractor reviewer indicated that the documentation provided failed to show any type of progress made by the patient. The ___ chiropractor reviewer noted that the patient complained of the same pain and symptoms from office visit to office visit. The ___ chiropractor reviewer also noted that the patient had already completed a work hardening program. The ___ chiropractor reviewer explained that the objective findings do not demonstrate that the patient needed another whole series of passive and active therapies. Therefore, the ___ chiropractor consultant concluded that the therapeutic procedure, office visit, myofascial release, joint mobilization, physical medicine treatment, unusual travel, traction and office visits with manipulation from 2/1/02 through 3/25/02 were not medically necessary to treat this patient's condition.

Sincerely,