

MDR Tracking Number: M5-03-1426-01

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 (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 chiropractic treatments 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 chiropractic treatment 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 6/4/02 to 7/24/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of May 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division
CRL/crl

May 15, 2003

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

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IRO #: 5251

___ 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.

The independent review was performed by a matched peer with the treating doctor. 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

___ was injured on ___ and was treated by ___ with joint mobilization, myofascial release, manual traction and therapeutic exercise. ROM testing, and NCV testing were also performed. ___ notes indicate that the patient was to be seen 5x/week for 1 week then 4x/week for 6 weeks. Records indicate tenderness and soreness in the left knee, with decreased range of motion, muscle spasms, and red, warm, swollen joints. An MRI revealed no abnormality, but a re-read of the films revealed a parrot-beak type of tear along the undersurface of the anterior horn of the lateral meniscus. The MRI was performed on 5/29/2002 and re-read on 8/22/2002. The intent to make an orthopedic referral was mentioned frequently in the notes, but the reviewer finds no mention of ever having actually made the appointment.

DISPUTED SERVICES

Under dispute is the medical necessity of the procedures from 6/4/2002 through 7/24/2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The patient was treated with these procedures for several weeks prior to the dispute. Records indicate the same symptoms throughout the treatment notes, with no variation except occasional notations of worsening of her condition. This patient's pain rating never changed from a "5", and for several days in a row, the notes were verbatim. With no change in the patient's condition, the treatment regimen should have been altered to produce a more favorable result. In spite of a negative MRI, initially, if there was persistent suspicion of meniscal tear, an orthopedic consult could have been made, especially in light of the patient's non-responsiveness to treatment. Because there was no indication whatsoever prior to these dates of service that the patient was responding favorably to this treatment regimen - and records indicate that - in fact, she did not make any progress, Thus there is no medical necessity of this treatment.

___ 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,