

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-03-3425.M5**

MDR Tracking Number: M5-03-1471-01

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 office visits 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 visits 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 2/14/02 to 8/21/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 2<sup>nd</sup> day of May 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

April 20, 2003

**Re: IRO Case # M5-03-1471-01**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other

documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient was reportedly injured on \_\_\_ due to her job of typing for eight hours a day and sitting for long periods of time. She was conservatively treated by a chiropractor. Conservative treatment failed and carpal tunnel surgery was performed on 5/7/02.

Requested Service

Office visits, physical therapy 2/14/02-8/21/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The patient received chiropractic treatment for the dates in dispute with no documented relief in her symptoms, according to the records presented for this review. She also received TPIs with only temporary relief. The patient's symptoms had persisted for ten months prior to her first visit with the treating doctor. This chronicity probably contributed to the failure of conservative treatment.

Mild symptoms, such as those documented in the records presented, should have responded favorably within six to eight weeks of treatment. All forms of conservative care had failed prior to the dates in dispute, and there was no documentation to support continued treatment past 2/14/02. Treatment must be reasonable and effective in relieving symptoms or improving function, and in this case it failed. The doctor has failed to show in the records presented how the disputed services were necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,