

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-3873.M5

MDR Tracking Number: M5-03-1479-01

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 chiropractic treatments and services 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 treatments and service 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 1/12/02 to 6/7/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11th day of June 2003.

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

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 28, 2003

Requester/ Respondent Address: Rosalinda Lopez
TWCC
4000 South IH-35, MS-48
Austin, Texas 78704-7491

RE: MDR Tracking #: M5-03-1479-01
IRO Certificate #: 5242

___ 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 proposed 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 chiropractor physician reviewer. The chiropractor physician reviewer 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

The claimant is a 54 year old male who allegedly injured himself while on the job when a 4 X 4 fell across his foot on or about _____. He was evaluated by a doctor who diagnosed the claimant with a distal phalange left great toe fracture and recommended pharmacological management, cryotherapy, and limited walking with modified work duty. The claimant followed up with the doctor who recommended off work, hard sole shoes with steel toes and further referred the claimant to the podiatrist from 10/16/01 to 12/06/01. The podiatrist recommended off work Neosporin and splinting with slow progression to shoe wearing was noted secondary to pain. On November 30, 2001 the podiatrist indicated the claimant had reached maximal medical improvement (MMI) and recommended return to work on 12/06/01. Three months later a physician's assistant stated that the claimant was not at maximum medical improvement due to the claimant stating he was pending surgical intervention. Severe traumatic arthritis was found to be present as a result of the work injury. The claimant initiated passive and active physical therapy (PT) on 4/12/02 for 9-sessions with the Chiropractor in mid April 2002. The Chiropractor on 4/12/02-04/26/02 found decreased ranges of motion (ROM) foot spasm, numbness, and tenderness. On 04/24/02 114 slice MRI of the foot, radiologist films were read by the doctor that essentially revealed soft tissue edema and tendonitis. No ligamentous tear or fracture was noted.

Requested Service(s)

Were the chiropractic treatments and services rendered from 1/12/02 through 6/7/02 medically necessary?

Decision

Non-authorization of chiropractic services, in lack of supporting documentation submitted by the chiropractor from 1/12/02 through 6/7/02.

Rationale/Basis for Decision

Unfortunately the documentation provided for review was not the original reports provided by the above mentioned healthcare providers with the exception of the chiropractor (extremely vague) notes dated April 12, 23, 24, 2002, and the doctor MRI report dated April 24, 2002. All other documentation provided for review was from the doctor records review dated 05/05/02 and Corvel's utilization review by the nurse dated April 25, 2002. If the above documentation is correct then the claimant would appeared to have reached MMI as stated by the podiatrist and no further formal supervised healthcare services would be reasonable or necessary. Based on the documentation provided for review and the original diagnosis of a distal phalanx fracture of the great toe the claimant should have been released from supervised healthcare in December 2001. The documentation submitted for review by the chiropractor, does not provide any support the regards of medical necessity for chiropractic services to the known work event, especially utilization of passive physical therapy modalities for injuries that occurred 7 months ago.

<p>In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 28th day of April 2003.</p>
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