

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

SOAH DOCKET NO. 453-03-4250.M5

MDR Tracking Number: M5-03-1608-01

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 the 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 7/1/02 to 10/7/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of June 2003.

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

June 20, 2003

IRO Certificate# 5259
MDR Tracking Number: M5-03-1608-01

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

REQUESTED SERVICE (S)

Medical necessity of physical therapy treatments and office visits rendered from 7/1/02 through 10/7/02

DECISION

Denial Advised as Treatment Not Medically Necessary

RATIONALE/BASIS FOR DECISION

I have carefully reviewed the clinical records and am appalled to discover the exact same note was logged in for each visit date from 7/1/02 through 10/7/02. The clinical data provided and the subsequent request for reconsideration indicates the initial diagnosis was wrong; the patient poorly treated. The impairment-rating physician sites the same diagnoses that were alleged to be inaccurate by ___. The only exception is the fracture diagnosis to the capitulate bone, which is a chip. The PT provided by the treating clinician is the same on 7/1/02 and 9/10/02 even though the impairment exam on 9/17/02 indicates MMI has been reached and improvement made from RX. In actuality, the condition is documented as being the same on 9/10/02 as it was on 7/1/02 indicating that at DC the exam is consistent with MMI, which is also the same as initiation of RX, thus no change occurred and no RX was needed. The diagnosis is of soft tissue injuries; these are self-limited and healing spontaneously, and certainly would have resolved in 14 months. The impairment-rating note indicates that the incarceration ended in November of 2001, yet no additional care was sought until 7/1/02. This is non-compatible with the accepted standards and norms for the region.