

MDR Tracking Number: M5-03-1658-01

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 physical therapy and 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 physical therapy and 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 2/26/02 to 9/6/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 2nd day of May 2003.

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

April 24, 2003

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

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___ 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.

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

The patient was injured on her job while feeding 4 x 8 sheets of plywood into a machine as a part of her job. She did this continuously each day. She suffered an onset of bilateral wrist pain and was sent to a company doctor, who prescribed medication. The patient did not get results she found acceptable and began treatment under ____. She received chiropractic manipulation and physical therapy extensively at that clinic, but it was unsuccessful and she eventually underwent surgery bilaterally by ____. After each surgery, rehabilitation was attempted. MMI was eventually set by ____ at 7% on December 3, 2002. Peer review reports from ____, ____ and ____ which all indicated that care as being rendered was medically unnecessary to some degree.

DISPUTED SERVICES

The carrier has denied the medical necessity of physical medicine and chiropractic care from February 26, 2002 through September 6, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The doctor's own documentation shows that the patient was not making progress. Over the entire period of the dispute, the patient demonstrated no progress in her subjective complaints and no significant objective improvements. Care that is rendered should be expected to demonstrate at least some form of measurable improvement. The care rendered, while probably performed in good faith, was not effective at the ultimate goal of getting ___ back to a productive work environment. As a result, the care was not medically necessary nor could it reasonably be expected that the care would at some point become effective in this case. The care rendered does not meet the protocol set forth in the Mercy Guidelines or the TCA Guidelines to Quality Assurance.

___ 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,