

MDR Tracking Number: M5-03-1669-01

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 supplies 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 supply 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 3/14/02 to 8/20/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 27<sup>th</sup> day of May 2003.

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

#### NOTICE OF INDEPENDENT REVIEW DECISION

May 21, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-1669-01  
IRO Certificate #: IRO4326

\_\_\_ 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 rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care.

\_\_\_\_ health care professional 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

This patient sustained an injury on \_\_\_\_\_. She was walking down a muddy isle when her boot got caught on a board, causing her to fall and injure her left leg/inner thigh/knee. Attempting to break her fall, she also injured her right arm and experienced pain to her lower back. The patient was treated by her chiropractor, mostly for her back pain. A lumber MRI from 01/26/02 revealed desiccation and central disc protrusion at L5-S1. A left knee MRI from 01/26/02 revealed a Grade II posterior horn lateral meniscus tear, the anterior cruciate ligament (ACL) had a probable partial tear, and joint effusion was present.

### Requested Service(s)

Office visits and supplies from 03/14/02 through 08/20/02

### Decision

It is determined that the office visits and supplies were not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The documentation fails to provide an adequate rationale for continuing care beginning 03/14/02 through 08/20/02. Specifically, it is unclear from a review of the supplied documentation what treatment was administered starting 08/29/96. Similarly, it is unclear what progress occurred as a result of this same initial course of care. However, on 03/14/02, the re-assessment indicates that the patient had realized "slight improvement in subjective parameters". Also, no provocative incidents or interim accidents were noted. It is unclear why care was again initiated on 03/14/02; however, it is presumed there was a lapse of medical care between the initial course of care and 03/14/02. Nevertheless, as of 03/14/02, this patient had profoundly exceeded the normal expected history for this soft tissue condition in regards to the low back.

An MRI examination of the knee revealed a tear. It is not clinically clear in the medical record that there is a causal link between the MRI findings and the original injury. If there is a causal link, these findings would prompt an immediate orthopedic referral with no chiropractic care, given the circumstances at that time. Therefore, the office visits and supplies were not medically necessary.

Sincerely,