

MDR Tracking Number: M5-03-1675-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on March 11, 2003.

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 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 fees were the only fees involved in the medical dispute to be resolved. As the physical therapy and chiropractic treatments were not found to be medically necessary, reimbursement for dates of service from 6/24/02 through 8/2/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of September 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

September 5, 2003

Re: MDR # M5-03-1675-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This 18 year old patient slip and fell sustaining injuries to her neck, upper back, lower back, left leg and knee in an on-the-job accident on ___. She presented for evaluation and treatment on 08/01/01. After initial conservative measures failed, the patient underwent surgery on 02/18/02 including

microdiskectomy, laminectomy, foraminectomy, and partial facetectomy of L5-S1. Post surgically, the patient returned to therapy which appears to have included both passive and active therapy.

As early as ___ (some two months after surgery), the patient is subjectively rating her LBP at 2/10. Treatment records indicate she was performing her exercises well, had essentially full range of motion in the lumbar spine, and was keeping her regularly scheduled appointments.

By the end of May 2002, the patient was reporting only exertion-related soreness, “but very minimal pain,” and she was able to “complete the exercises with little to no difficulty.” Around this time, the patient began to skip her scheduled appointments.

By 06/14/02, the patient reported “no pain today.” She said she was better with each visit. On 06/24/02, the patient was oriented to work hardening. On day one of the work hardening, the patient subjectively rated her pain at 2/10. After six weeks the patient concluded work hardening, rating her pain at 5/10 on 08/02/02.

Disputed Services:

Physical therapy and chiropractic treatments rendered from 06/24//02 through 08/02/02.

Decision:

I agree with the insurance carrier in this case. The disputed services were not medically necessary.

Rationale:

The specific reason for my determination is that based on the clinical picture painted by the submitted documentation, I do not see that this young lady needed to be admitted into a work hardening program. She had the surgery. She was progressing along very nicely with her therapeutic exercises. Her pain scale progressed from low to none, and her ROM was documented to be WNL. She goes into work hardening for six weeks, only to emerge with a higher pain scale rating than when she went in.

Additionally, the Oswestry Disability questionnaire starts out with this patient scoring a 9, or 20% disabled, which verbally translates into Minimal Disability. By the 08/02/02 FCE, her disability index has doubled to 18, or 36% disabled, or Moderate Disability.

The general source of the screening criteria utilized was the documentation submitted by the providers on this case, as interpreted by my 14 years of daily clinical practice experience from treating similar types of cases.

In summary, this young lady was recovering as normally would be anticipated prior to the work hardening experience. She was at, or certainly very near, MMI prior to 06/24/02, and her treating doctor should have been mentally preparing her, and encouraging her, for return to work. Minor residual soreness after surgery is to be expected. Patients should be prepared for this ahead of time and reassured by their doctors afterwards that these minor residua will fade with time and the resumption of normal activities.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,