

MDR Tracking Number: M5-03-1692-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 11-8-02.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The requestor submitted a letter of withdrawal for fee issues on 11-16-01, 12-14-01, 1-28-02, and 1-30-02. The IRO agrees with the previous determination that the hot/cold packs, electrical stimulation, office visits w/manipulations, and therapeutic activities 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 Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 11-16-01 through 6-14-02 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17<sup>th</sup> day of September 2003.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt

August 22, 2003

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

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IRO #: 5251

\_\_\_ 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.

The independent review was performed by a matched peer with the treating doctor. 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 TWCC-1 indicates that, “while attempting to separate one joint ring, employee turned his back and was struck by five or six of the joint rings,” as the mechanism of injury denotes. The initial report by \_\_\_ states that the patient was lining up some steel rooms when five of them fell, pinning him to the floor. He was taken home and the next day went to \_\_\_. He was treated and released to light duty. He was also told to follow up with an orthopedic surgeon. There was some question as to the possibility of a fractured fibula. The patient changed to \_\_\_ on 1/9/01 and was treated by him until 11/7/01 when he changed to \_\_\_. By then his condition included the right knee and low back. He has had a considerable amount of both passive and active care. He eventually had arthroscopic surgery for multiple conditions of the right knee on 4/22/02. Afterwards he continued with passive and active care.

### DISPUTED SERVICES

Under dispute is the medical necessity of office visits with manipulations and physical therapy sessions from 11/19/01 through 5/15/02.

### DECISION

The reviewer agrees with the prior adverse determination.

### BASIS FOR THE DECISION

This review covers 67 office visits where the VAS never dropped under 7 and averaged 8. The documentation denotes that the patient’s pain was constant and unchanged during this period. There is no documentation that this treatment was effective. The SOAP notes were redundant and showed no progress. Therefore, medical necessity for further treatment was not established.

\_\_\_ 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,