

# MAXIMUS

June 6, 2003

Texas Workers Compensation Commission  
Southfield Building, MS48  
4000 S. IH-35  
Austin, Texas 78704-7491

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M5-03-1794-01**  
**TWCC #:**  
**Injured Employee:**  
**Requestor: Brian Randall, D.C.**  
**Respondent: Texas Mutual Ins. Co.**  
**MAXIMUS Case #: TW03-0238**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel. The MAXIMUS chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 37 year-old female who sustained a work related injury on 9/\_\_\_/01. The patient reported that while at work as an assembly line worker, she began experiencing right sided neck, shoulder and upper extremity pain with associated numbness and weakness. The patient underwent X-Rays and was initially treated conservatively with medications and physical therapy. The patient underwent an MRI 12/12/01 that showed moderated degenerative osteoarthritis of the AC joint. After treatment with physical therapy, the patient was then referred to a shoulder specialist who prescribed isometric strengthening exercises. The patient was also treated with chiropractic care.

### Requested Services

Office visits, hot or cold packs, myofascial release, therapeutic exercises and electrical stimulation from 03/20/02 through 04/09/02.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

### Rationale/Basis for Decision

The MAXIMUS chiropractor reviewer noted that this case concerns a 37 year-old female who sustained a work related injury to her shoulder and neck on 9/18/01. The MAXIMUS chiropractor reviewer also noted that treatment for this patient included physical therapy, isometric strengthening exercises and chiropractic care. The MAXIMUS physician reviewer explained that after a review of the records provided the treatment from 3/20/02 through 4/9/02 was appropriate and medically necessary. Therefore, the MAXIMUS chiropractor consultant concluded that the office visits, hot or cold packs, myofascial release, therapeutic exercises and electrical stimulation from 03/20/02 through 04/9/02 were medically necessary to treat this patient's condition.

Sincerely,  
**MAXIMUS**

Elizabeth McDonald  
State Appeals Department