

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-3876.M5

MDR Tracking Number: M5-03-1901-01

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 **or 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 the physical therapy treatment was 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 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 9-18-02 through 10-17-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 4th day of June 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 29, 2003

Re: IRO Case # M5-03-1901-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to

determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient reported a repetitive stress disorder to her left neck and arm on ___, and she began treatment on 12/6/00. Treatment has continued since that time, including chiropractic treatment, injections, medication, physical therapy, occupational therapy, left elbow arthroscopy (11/25/02) and carpal tunnel release (8/21/01).

Requested Service(s)

Therapeutic procedure, Joint mobilization, physical medicine procedure 9/18/02 – 10/17/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The patient received extensive conservative treatment over a two year period, yet little, if any, documented permanent relief of her symptoms or functional improvement. Therapy failed to give any relief after prior injections, and no documentation was presented for this review to support the need for the disputed treatment. The patient's ongoing and chronic care did not appear to be producing any measurable or objective improvement. The patient's condition plateaued in a diminished condition months prior to the disputed dates of services.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,