

MDR Tracking Number: M5-03-1941-01

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 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 chiropractic 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 5/28/02 to 8/1/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of May 2003.

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

May 15, 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

___ was injured on ___. He saw ___ from 3/12/2002 through 8/1/2002. The CT scan of his right ankle revealed a right ankle fracture. His MRI revealed 2 disc bulges and a herniation of the lumbar spine. On 5/13/2002, the patient was diagnosed with Tarsal Tunnel Syndrome and no evidence of lumbar radiculopathy was found. ___ treatment from 5/28/2002 through 8/1/2002, which has been disputed by the carrier, consisted of therapeutic exercise, neuromuscular re-education and kinetic activities. On 5/16/2002, the ___ saw ___ who advised him to continue physical therapy to increase ROM, strengthen muscles and generally improve his quality of life. He saw ___ on 5/26/02 who stated that the patient had undergone physical therapy that improved his foot. He advised him to continue physical therapy with active-assisted ROM, assume full weight bearing and discontinue use of the fracture boot. ___ then saw ___ on 7/22/2002 who recommended rehab for 2-4 weeks, if none had been done, and also recommended right foot injection and lumbar ESI. The patient, however, refused these procedures, stating that he had minimal pain, and requested to go back to work.

DISPUTED SERVICES

Under dispute is the medical necessity of chiropractic treatment rendered from 5/28/02 through 8/1/02.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The patient was seen by ___ beginning in March 2002. Regardless of the other physicians notations to continue physical therapy, there are no treatment notes included from ___ to indicate whether or not the treatment was of benefit to the patient. Further, the treatment dates are very sporadic and do not indicate necessity for the procedures. It appears that the patient did not receive treatment for the twenty days from 5/28 to 6/17, then came back three days later on 6/20. He then apparently received no treatment for 26 days, from 6/20 until 7/16. In July he did present for treatment on 7/17, 7/18, 7/23 & 7/25, 7/29, 7/31 & 8/1. He did see ___ on 7/22 at which time he stated that he had minimal pain and refused the injection therapies that were offered to him.

These lapses in treatment for extended periods of time would suggest non-compliance on the part of the patient, and therefore a lack of necessity for these procedures. I would recommend that these treatments be declined as unnecessary.

___ 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,