

MDR Tracking Number: M5-03-1993-01

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, 2003 and Commission Rule 133.305 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 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 adverse determination that the office visits and physical therapy were not found to be 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 the office visits and physical therapy 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 5/21/02 through 6/28/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of July 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

June 27, 2003

Re: IRO Case # M5-03-1993-01

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, and who also is a Certified Strength and Conditioning Specialist. 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 injured her right wrist, hand and shoulder on ___ when a clothing press snapped back and hit her right hand and pulled on her shoulder. She was treated with physical therapy and chiropractic treatment. She also was examined by several doctors, and was given MRIs, injections, surgery, an orthogram and medication.

Requested Service(s)

Chiropractic office visits and physical therapy 5/21/02 – 6/28/02.

Decision

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

Rationale

The patient received extensive chiropractic treatment without documented relief of her symptoms. The treatment failed and the patient ultimately had surgery, which appeared to be successful, according to the surgeon.

On 8/6/02 it was reported that the patient stated that her "pain was still severe and has not been helped by chiropractic treatment." The examining doctor on 8/6/02 also noted that the abnormal findings on the patient's imaging studies were old findings, unrelated to the patient's symptoms. It appears from the documentation presented for this review that the treating chiropractor initiated a course of chiropractic treatment that was clinically inappropriate for the patient's injury. The records indicate that this was a medical case from the beginning, and that it would have been better if surgery had been performed earlier.

After five months of conservative treatment, the treating chiropractor referred the patient to a physician who documented the patient's chief complaint as "severe persistent right shoulder and right upper extremity pain."

After five months, the patient was still not any better. Treatment of an injury should be provided in the most appropriate, least intensive setting, should be relatively cost effective, and should yield objectively measured functional gains. These objectives were not met for the treatment in dispute, or were not demonstrated in the documentation presented for this review. The documentation presented is very vague and limited, lacking objective, quantifiable findings to support treatment.

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

Sincerely,
