

MDR Tracking Number: M5-03-2001-01

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 office visits, work hardening, physician conferences with a team, muscle testing, physical therapy exercise, manual traction myofascial release, joint mobilization, FCE and office visits with manipulations 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 office visits, work hardening, physician conferences with a team, muscle testing, physical therapy exercise, manual traction myofascial release, joint mobilization, FCE and office visits with manipulations 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 8/20/02 to 12/30/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

July 3, 2003

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

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___ 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.

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 patient in question suffered an injury to his head on ___ when he was working near a truck which rolled backwards and pinned his head between a trailer and a wall. The truck was in contact with the right side of his head and the wall was against the left side of his head. Radiography conducted at ___ indicates that there was a fracture of the posterior aspect of the zygomatic arch of the right side of this patient's head. He underwent multiple oral surgical procedures and began treatment under the direction of ___. MRI of the cervical spine was negative. Conservative treatment was rendered on this case by ___ for several months. On February 3, 2002, ___, found the patient to not be at MMI in his capacity as a designated doctor for the TWCC. He recommended the beginning of a pain management program. He gave numerous diagnoses, including a sensory neuropathy of the right face.

DISPUTED SERVICES

The carrier has denied treatment for work hardening, office visits, physician conferences with a team, muscle testing, physical therapy exercise, manual traction, myofascial release, joint mobilization, FCE and office visits with manipulations from August 20, 2002 through December 30, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

While this patient was clearly injured on the job and this was certainly a terrible injury to review, we must consider the implications of the treatment, as opposed to how bad the injury seemed to be. In reviewing this extensive file I have been unable to find adequate justification for such extreme therapy on this case. Work hardening was certainly not indicated on this patient, in my opinion, due to a lack of demonstration that this patient was a candidate for that program. Also, the extensive physical medicine rendered was unlikely to have significant benefit to this patient's ability to return to his job and there is

no guideline that I can find which would indicate that such therapy is beneficial to such a patient. As a result, I believe that the medical necessity of this care is 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,