

MDR: Tracking Number M5-03-2040-01

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, including therapies, 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 the chiropractic treatments 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 10/2/02 to 11/5/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of July 2003

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

July 28, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2040-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This 38-year-old, male claimant suffered a laceration injury to his left forearm on ___ in a work-related incident. By all accounts, the wound was "deep", but did not damage the major nerves in his arm. The wound was stitched up in the emergency room, followed by medication and extensive physical therapy treatments for nine months. The patient began

chiropractic treatment on 02/22/02. Each treatment consisted of both passive and active modalities, including whirlpool, massage and exercise.

Disputed Services:

Chiropractic treatments during the period of 10/02/22 through 11/05/02.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatments in question were not medically necessary in this case.

Rationale:

There is no reason to start this patient again on a "primary phase of care" treatment regimen nine months after his injury, and after he had already undergone months of the same treatment. No significant improvement was documented with his previous care, nor is there any indication of significant acute exacerbation of his condition reflected in the medical record to warrant that frequency of care, that long after the injury. Also, no significant improvement or change in the patient's condition was noted after a few treatments in October 2002.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,