

MDR Tracking Number: M5-03-2052-01

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 disputed services 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 medical necessity issues 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 4-9-02 through 11-19-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 27th day of June 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

June 24, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-2052-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 59 year-old male who sustained a work related injury on _____. The patient reported that while at work he fell from a ladder striking his left eye, left knee and right outstretched arm. The patient was evaluated in the emergency room where he had stitches placed for his left eye. The patient has also undergone X-Rays of the cervical spine and right shoulder and an MRI of the cervical spine and right shoulder. The diagnoses for this patient included cervical spine sprain/strain, right shoulder sprain-grade I AC joint separation, cervical radiculitis, left knee contusion and sprain and left eye pain. The treatment for this patient has included a cervical fusion at the C3-4 level with partial corpectomy of C4 on 3/22/02 and physical therapy following surgery.

Requested Services

Hot or cold packs, therapeutic exercises and aquatic therapy from 7/19/02 through 8/9/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The _____ chiropractor reviewer noted that this case concerns a 59 year-old male who sustained a work related injury to his left eye, left knee and right arm on _____. The _____ physician reviewer also noted that the diagnoses for this patient included cervical spine sprain/strain, right shoulder sprain, AC joint separation, cervical radiculitis, left knee contusion and sprain and left eye pain. The _____ physician reviewer further noted that this patient was treated with a cervical fusion at the C3-4 level with partial corpectomy of C4 and physical therapy following surgery. The _____ physician reviewer indicated that this patient has undergone surgical fusion followed by immobilization. The _____ physician reviewer explained that extended immobilization leads to joint ankylosis and further weakening of the surrounding joints and tissues. The _____ physician reviewer also explained that this course of therapy is reasonable and medically necessary to try to re-introduce joint motion to aid in the recovery of the patient post surgery. The _____ physician reviewer indicated that this passive program of care is appropriate for starting the rehabilitation process and that care was aimed at restoring function and reducing pain. Therefore, the _____ chiropractor consultant concluded that the hot or cold packs, therapeutic exercises and aquatic therapy from 7/19/02 through 8/9/02 were medically necessary to treat this patient's condition.

Sincerely,