

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO: 453-04-2256.M5

MDR Tracking Number: M5-03-2136-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on 4-18-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Disputed date of service 4-19-02 was over the one year filing deadline and not eligible for review. The IRO agrees with the previous determination that the office visits w/manipulations, hot/cold packs, electrical stimulation, ultrasound, therapeutic procedures (exercises and neuromuscular re-education), required report, and x-ray (spine, cervical) 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 Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 5-2-02 to 7-12-02 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 5th day of December 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division
DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

June 25, 2003

RE: MDR Tracking #: M5-03-2136-01
IRO Certificate #: IRO 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'S health care professional has signed a certification statement stating 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 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 this case.

Clinical History

This patient was employed as a legal assistant who sustained a repetitive injury on ___ from cranking her head to the left to hold the phone hand piece and typing simultaneously. She developed cervicalgia and saw a chiropractor for treatment and physical therapy.

Requested Service(s)

Office visits with manipulations, hot or cold packs, electrical stimulation, ultrasound therapy, radiology exam, special reports, and therapeutic procedure from 05/02/02 through 07/12/02

Decision

It is determined that the office visits with manipulations, hot or cold packs, electrical stimulation, ultrasound therapy, radiology exam, special reports, and therapeutic procedure from 05/02/02 through 07/12/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The documentation does not provide the rationale for the continuance of chiropractic care based on review of the medical record. Upon initial examination, the provider developed clear and documented treatment goals and outcomes. These expected outcomes were not achieved. In fact, based on these goals, it is clear that the patient's response was profoundly below expectation. This, in and of itself would not be rationale to discontinue treatment; however, it would be expected that the clinician would utilize this information to alter the course of care with a different approach or diagnostic inquiry. Treatment continued while apparently utilizing the same principles treatment entities until 05/13/02 when a second re-examination took place. At that time, 05/13/02, subjective pain levels had dropped; however, they were still profoundly less than the expectations developed through the treatment plans. Some objective findings had increased slightly, however well short of expectations from the natural history or progression of this particular injury, given the fact that the stated injury was repetitive trauma at work. After the discontinuance of these traumas, one would certainly expect significant resolution of said symptoms. It is again clear that for whatever reason that the care from 03/22/02 through 05/12/02 was not proving to be efficacious. Care at that juncture should have been discontinued and alternative forms of care should have been entertained. It is clear that the symptoms reflected a non-complicated soft tissue injury that is generally expected to resolve within six to eight weeks. Therefore, it is determined that the office visits with manipulations, hot or cold packs, electrical stimulation, ultrasound therapy, radiology exam, special reports, and therapeutic procedure from 05/02/02 through 07/12/02 were not medically necessary.

Sincerely,