

MDR: Tracking Number M5-03-2205-01

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 5-5-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits w/manipulations, physical medicine treatment, myofascial release, joint mobilization, and ultrasound 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 medical necessity fees were the only fees involved in the medical dispute to be resolved. Disputed date of service 5-3-02 was filed untimely and not reviewed. The requestor submitted a withdrawal letter for disputed dates of service 8-12-02 and 9-11-02. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 5-6-02 through 8-9-02 and 9-13-02 through 12-16-02 is denied and the Medical Review Division declines to issue an Order in this dispute.

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

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 23, 2003

Re: IRO Case # M5-03-2205-01

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, Rule133.308 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. 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 neck and back on ___ when she fell down a flight of stairs. She went to the ER and was noted to have a compression fracture of T7. She wore a brace for three months and then sought chiropractic care.

Requested Service(s)

Office visits with manipulations, physical medicine treatment, myofascial release, joint mobilization, ultrasound therapy 5/6/02-8/9/02, 9/13/02-12/16/02

Decision

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

Rationale

The documentation submitted for review is voluminous, but is barely legible and does not adequately document objective, quantifiable findings to support treatment.

The patient was placed at MMI as of 3/13/01. After an MMI date is reached, all further treatment must be reasonable and effective in relieving symptoms or improving function, and in this case it was not. The patient's ongoing and chronic care did not produce any permanent, measurable or objective improvement or relief of symptoms. From the records provided, it appears that the patient's condition plateaued in a diminished state months prior to the dates of the services in dispute.

Treatment after the MMI date was unnecessary and possibly iatrogenic, resulting in doctor dependency. The documentation failed to show how the disputed services were necessary.

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

Sincerely,