

MDR Tracking Number: M5-03-2286-01

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 May 12, 2003.

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 aquatic therapy, therapeutic procedures, office visits, unusual travel, data analysis, range of motion testing, special reports, muscle testing, and myofascial release 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 07-09-02 through 03-04-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of February 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

GR/gr

NOTICE OF INDEPENDENT REVIEW DECISION

August 6, 2003

**Amended Letter
Note: Services**

MDR Tracking #: M5-03-2286-01
IRO Certificate #:IRO4326

The ___ 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 sustained an injury to her left shoulder and cervical spine on ____ while lifting boxes. She has undergone a multilevel cervical fusion and left carpal tunnel release. She was given a maximum medical improvement on 02/04/03 with an impairment rating of 18%. She has continued to receive chiropractic treatment and therapy.

Requested Service(s)

Aquatic therapy, therapeutic procedure, office visits, including date of service 03/04/03, myofascial release including date of service 08/19/02, unusual travel, data analysis, range of motion testing, special reports, and muscle testing from 07/09/02 through 08/07/02 and 08/22/02 through 01/30/03

Decision

It is determined that the aquatic therapy, therapeutic procedure, office visits including date of service 03/04/03, myofascial release including date of service 08/19/02, unusual travel, data analysis, range of motion testing, special reports, and muscle testing from 07/09/02 through 08/07/02 and 08/22/02 through 01/30/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The denied services noted were not medically necessary. First, the aquatic therapy was not necessary due to the fact that the patient in this case did not have an injury to a large weight-bearing joint that would necessitate the use of aquatic therapy. Secondly, the provider presented no progress notes to document the medical necessity of the care rendered. The records submitted for review contained no contemporaneous progress notes for any of the dates of service listed. The range of motion studies were included for the dates of service listed, but the results of the studies revealed little change in the patient's condition and the studies themselves did not provide documentation supportive of the medical necessity of the other treatment procedures administered over the course of the patient's care from 07/09/02 through 08/07/02 and from 08/22/02 through 01/30/03.

The provider did not supply any records from his office to support the medical necessity of the services rendered. Haldeman et al indicate that it is beneficial to proceed to the rehabilitation phase of care as rapidly as possible to minimize dependence on passive forms of treatment/care and reaching the rehabilitation phase as rapidly as possible and minimizing dependence on passive treatment usually leads to the optimum result. Reference: Haldeman, S., Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993. Therefore, it is determined that the aquatic therapy, therapeutic procedure, office visits including date of service 03/04/03, myofascial release including date of service 08/19/03, unusual travel, data analysis, range of motion testing, special reports, and muscle testing from 07/09/02 through 08/07/02 and 08/22/02 through 01/30/03 were not medically necessary.

Sincerely,