

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, 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 office visits w/manipulations, additional manipulations, physical therapy sessions, and supplies 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 was the only issue to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 5-20-02 through 12-27-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15th day of August 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 12, 2003

Re: IRO Case # M5-03-2357

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, Rule 133.308 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 his neck and left shoulder on ___ when he fell from a scaffold and grabbed the scaffold with his left arm to prevent from falling to the ground. He then began treatment with the treating chiropractor. He was evaluated with MRIs, a nerve conduction study and a CT, and was treated with physical therapy, manipulation, ESIs, and medication.

Requested Service(s)

Physical medicine treatments, office visits, manipulations, supplies, traction, electrical stimulation, massage, myofascial release, 5/20/02-12/27/02

Decision

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

Rationale

The patient had extensive chiropractic treatment for months prior to the dates covered in this dispute, with little, if any, relief of symptoms or improved function. The treatment notes presented for his review are voluminous, but lack objective, quantifiable findings to support treatment. The daily notes are repetitive in that the subjective complaints, objective findings and treatment plan never changed during the treatment period. The treating chiropractor stated that seven doctors recommended conservative treatment. It appears, however that those seven doctors failed to see that the treatment failed to promote recovery or relieve symptoms or enhance the ability of the patient to return to work. The patient did not return to work, his symptoms persisted, and, at times, appear to have been aggravated by treatment. It was suggested on 4/2/02 that surgery would probably be necessary to give relief of the patient's symptoms. Chiropractic treatment and therapy continued for some 18 months post injury without benefit. Based on Mercy guidelines, chiropractic treatment should have ended prior to the dates in dispute. The patient failed to respond to any conservative treatment prior to the dates in dispute. The patient plateaued in a diminished condition prior to the dates in dispute, and further treatment would not be reasonable or effective in relieving symptoms or improving function.

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

Sincerely,