MDR Tracking Number: M5-03-2440-01

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 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 office visits, applications of modality, electrical stimulation, myofascial release and DME 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 the office visits, applications of modality, electrical stimulation, myofascial release and DME fees 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 2/22/02 to 12/3/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 7th day of August 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

July 29, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #:	M5-03-2440-01
IRO #:	5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

This patient injured her back, shoulder and leg as a result of a fall on a wet surface while attempting to enter her place of work on ___. She presented initially to her family physician, ___, and was given medications for pain and muscle spasm. Records indicate that she had a previous injury of this nature in ___ for which she also saw ___ for the same treatment. The patient presented to her chiropractor, ___, for this new injury on 12/6/01. ___ provided a diagnosis of cervical and lumbar sprain/strain with radiculitis to her left lower extremity. She was given multiple units of passive therapy and manipulation as well as a neuromuscular stimulator for home use. On 12/18/01 she was seen for a physical medicine consultation with ___ who performed EMS and NCV studies. X-rays and electrodiagnostic tests were performed and were found to be essentially normal. An MRI performed on 11/21/02 suggested very mild central canal stenosis with degenerative disc disease. No evidence of a herniated disc was noted. The patient was seen on 1/16/03 for a designated doctor evaluation by___. ___ suggested that this patient was not at MMI and would require additional active strengthening and stabilization rehab protocol. Chiropractic care continued with ongoing manipulation and passive modalities only.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, applications of modality, electrical stimulation, myofascial release and durable medical equipment provided from 2/22/02 through 12/3/02.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

As of 2/22/02 this patient was three months post-injury and there is little to suggest that ongoing passive modality applications have any potential for further restoration of function or symptom management. In addition, the use of an in-office electrical

stimulation and home-use of a neuroelectric stimulator appear to be a duplication of same or similar modality. No active rehabilitation appears to have been performed during this period as indicated. Medical necessity for passive modalities and DME is not supported by the available documentation.

It is difficult to determine medical necessity for chiropractic office visits with manipulation during this time frame. As the designated doctor finds this patient was not at MMI as of 1/16/03 due largely to deconditioning and notes that her work schedule prevented her from participating in an active rehab program, it would appear that some chiropractic follow-up with exercise instruction and manual manipulation would be indicated. Unfortunately, the chiropractic office notes do not indicate type or nature of exercise and flexibility instruction, and do not establish any form of function goals or resolution of any specific functional deficits. There is also no objective measurement of functional improvement noted. Chiropractic documentation does not support medical necessity for frequency, level and duration of chiropractic office visits with manipulation at this time.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,