

**MDR Tracking Number M5-03-2456-01**

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 5-27-03.

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 psychotherapy sessions 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. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 9-4-02 to 3-7-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6<sup>th</sup> day of October 2003.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt

Enclosure: IRO decision

**MEDICAL REVIEW OF TEXAS  
[IRO #5259]**

**3402 Vanshire Drive Austin, Texas 78738  
Phone: 512-402-1400 FAX: 512-402-1012**

**NOTICE OF INDEPENDENT REVIEW DETERMINATION**

TWCC Case Number:	
MDR Tracking Number:	M5-03-2456-01
Name of Patient:	
Name of URA/Payer:	Allied Multicare Centers
Name of Provider: (ER, Hospital, or Other Facility)	Allied Multicare Centers
Name of Physician: (Treating or Requesting)	Ronald Linderman, DC

August 1, 2003

An independent review of the above-referenced case has been completed by a medical physician [board certified] in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Notice of Independent Review Determination  
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Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

The patient reported an injury on \_\_\_\_ in which she had a pull in her left hip while working at her job. Part of her job was to put products in a walk-in freezer. She was sent for x-rays at an urgent care center and the x-rays were interpreted as having a fracture. The fracture was noted to have a left acetabular fracture nondisplaced. April of 2001 she was then sent for a CT scan which showed no evidence of a fracture. An MRI scan was normal. NCV/EMG studies were normal. Her neurological exam was normal.

REQUESTED SERVICE(S)

15 sessions of psychotherapy starting September 4, 2002 and ending March 7, 2003.

DECISION

Uphold denial.

RATIONALE/BASIS FOR DECISION

Based on the type of injury this patient has, apparently a soft tissue injury, with the lack of any information indicating trauma or significant depression, the denial is upheld.

The patient may have issues that could be dealt with in therapy, but they do not appear to be directly related to her work injury. Based on her normal studies and inconsistent initial diagnosis of fracture, it seems appropriate to deny the psychotherapy recommendation as there does not seem to be any relationship between those issues and her work related injury.