

MDR Tracking Number: M5-03-2633-01

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 with manipulations and physical therapy 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 with manipulations and physical therapy 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 1/30/02 to 3/13/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30<sup>th</sup> day of July 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/cr

Enclosure: IRO decision

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**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

June 17, 2003

Texas Worker's Compensation Commission:

Envoy Medical Systems, LLC (Envoy) 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 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 Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy 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 Envoy 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 Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured his low back while moving a machine on \_\_\_\_\_. He began chiropractic treatment 6/20/01, and it continued for several months. He reached MMI on 8/27/01, according to the treating chiropractor, with a 14% whole person impairment. A designated doctor evaluation on 10/2/01 rated the patient with a 7% whole person impairment

Requested Service(s)

Physical therapy, office visits w/ manipulation 1/30/02 – 3/13/02

Decision

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

Rationale

The patient's soft tissue injury should have responded very well in the initial six to eight weeks of treatment. Extending treatment to several months suggests that treatment may have been inappropriate and possibly over utilized, leading to doctor dependency.

The patient was placed at MMI on 8/27/01. After an MMI date is reached all further treatment must be reasonable and effective at relieving symptoms or improving function. The documentation of this ongoing and chronic care does not support continued treatment that is beneficial to the patient. The documentation of each visit states the same thing, with little measurable or objective findings to support the necessity of treatment. The documentation presented for this review failed to show how the disputed treatment was necessary.

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

Sincerely,

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Daniel Y. Chin  
President