

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-0662.M5

MDR Tracking Number: M5-03-2716-01

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 (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 27, 2003.

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, therapeutic exercises, neuromuscular re-education, gait training, therapeutic activities, and joint mobilization 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 fees were the only fees involved in the medical dispute to be resolved. As the treatment office visits, therapeutic exercises, neuromuscular re-education, gait training, therapeutic activities, and joint mobilization were not found to be medically necessary, reimbursement for dates of service from 5/27/02 through 6/7/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of September 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

August 26, 2003

REVISED

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

MDR Tracking #: M5-03-2716-01
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 was in a chair and attempted to rise from the chair, twisting her ankle and knee and causing an immediate onset of pain. She fell on the left knee. She was treated for the ankle pain by a podiatrist and later began treating under the care of a chiropractor, ___. She was put into an extensive therapy program for the pain. MRI of the knee was negative. Neurodiagnostic studies were also negative for a peripheral neuropathy. The treating doctor's notes indicate that a work hardening program was recommended and declined and the treating doctor continued to do active treatment so that the patient would maintain "flexibility, endurance and strength" that she currently had. Eventually a work hardening program was approved by the carrier and the patient went back to work after completing the program.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, therapeutic procedures, neuromuscular re-education, gait training, therapeutic activities and joint mobilization from 5/27/02 through 6/7/02.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The patient was not in a work hardening program, but the treating doctor treated with active care during the down time to allow for the patient to maintain her conditioning. I do not believe that this qualifies as medically necessary care. Simply attempting to prevent deconditioning is not, in the reviewer's opinion, medically necessary care. Records do not indicate that the treatment rendered allowed the patient to progress toward returning to work. There is no documentation presented that indicates this patient actually benefited from the care rendered by the treating doctor. While it is understandable that the treating doctor had other goals, it must be pointed out that the

patient had a sprain of the knee and ankle. The care rendered to patient had already been appropriate for the condition of the patient and there was no reason to believe that further care would have a more favorable outcome. As a result, care on this case is considered to not be reasonable or necessary.

___ 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,