

MDR Tracking Number: M5-03-2785-01

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 7-1-03.

The Medical Review Division has reviewed the IRO decision and determined that the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore; the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits with/manipulations on 7-1-02 through 12-30-02 were found to be medically necessary. The massage and myofascial release on 7-1-02 through 12-30-02 were not found to be medically necessary. The respondent raised no other issues for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 7-1-02 through 12-30-02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 4th day of September 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division
DZT/dzt

August 20, 2003

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IRO Certificate# 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, 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

___ 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 ___.

CLINICAL HISTORY

Documentation available from file suggests that this individual was injured at work on or about ___ as a result of repetitive neck movements at work. The patient presents to his chiropractor on 09/27/00 with neck pain. Cervical and thoracic x-rays appear to be ordered but no report of these findings are submitted for review. The patient appears to be diagnosed with cervicothoracic sprain/strain and is seen for multiple sessions of manipulation and passive modalities. Some electrodiagnostic studies are apparently performed and found essentially normal. The patient appears to achieve MMI on 02/20/01 and is given a 9% residual impairment rating for persisting cervical somatic dysfunction. There are multiple chiropractic notes submitted from 07/31/02 through 12/30/02 suggesting that this patient continues with supportive chiropractic modalities. No specific vent of exacerbation or re-injury is determined. No specific diagnostic impressions are provided for review with the exception of diagnosis provided in HCFA billing requests. Chiropractic notes suggest that this patient continues to undergo electric muscle stimulation, massage, trigger point therapy, and spinal manipulation on an as needed basis. No medical assessment or consultation appears to be made.

REQUESTED SERVICE (S)

Determine medical necessity for chiropractic services (office visits, myofascial release, massage, and other therapy procedures) rendered from 07/01/02 thru 12/30/02.

DECISION

Based on available documentation, there appears to be very little objective data supporting the medical necessity for continued chiropractic care at these levels and for this duration. As no acute exacerbation or re-injury is specifically noted, ongoing care with passive modalities of this nature is not warranted. In addition, some passive modalities such as myofascial release and massage therapy appear to be duplicative in nature and suggest no further potential for restoration of function. These ongoing passive modalities exceed generally accepted standards of care and cannot be considered medically necessary, as appropriate medical specialty consultation would be indicated prior to continuing passive therapy applications of this nature.

Given the residual levels of impairment, there does appear to be some rationale for continued sessions of spinal manipulations 99213-MP in order to maintain functional ranges of movement. This appears to be relatively supported as medically necessary

RATIONALE/BASIS FOR DECISION

[TWCC Spine Treatment Guidelines, AHCPR Treatment Guidelines, GCQAPP Mercy Center Consensus Conference, 1990 RAND Consensus Panel]

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, and additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned claimant. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.

If I can be of additional assistance regarding this case or file, please feel free to contact this office at your convenience.