

MDR Tracking Number: M5-03-3112-01

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 1-21-03.

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 office visits w/manipulations, myofascial release, joint mobilization, therapeutic procedure, kinetic activities, electrical stimulations, hot/cold packs, and special reports 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 fees were the only fees involved in the medical dispute to be resolved. Disputed dates of service 1-14-02 through 1-17-02 were outside the one year filing deadline; therefore those disputed dates of service were not reviewed. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 1-24-02 through 12-6-02 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of October 2003.

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 29, 2003

Re: IRO Case # M5-03-3112-01

Texas Worker's Compensation Commission:

___ 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 1, 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 ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ 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, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. 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 ___ 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 ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured her neck and right shoulder on ____, when she fell off a ladder and grabbed a rail to prevent falling to the ground. She was evaluated with cervical MRIs and electrodiagnostic studies. She has been treated with medication, physical therapy, and chiropractic.

Requested Service(s)

Office visits with manipulations, myofascial release, joint mobilization, therapeutic procedure, kinetic activities, electrical stimulation, special report, hot or cold packs, 1/24/02-12/6/02

Decision

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

Rationale

The patient had an extensive course of physical therapy and chiropractic care without permanent relief of symptoms or improved function. She received approximately 89 chiropractic treatments during the dates in dispute. As of 12/6/02 the patient still had a pain index of 8/10, multiple positive orthopedic tests, muscle spasms and restrictive cervical spine range of motion. These symptoms continued to persist. MRIs were negative for disk and rotator cuff injury.

It was noted that during an 8/19/02 IME that the patient stated that she was "frustrated with the treatment which has not helped her problem" and, "is concerned that she is not yet better." This was some 14 months after treatment began, and suggests that treatment had been ineffective in relieving symptoms.

In a letter dated 8/18/03, the treating D.C. stated, "we are still taking steps to identify the specific problem causing her pain." This was nearly three years post injury. The doctor apparently did not know what the patient's problem was, or how to treat it. Examination findings and treatment never changed during the disputed time period. The documentation provided for review lacked specific, objective, quantifiable findings to support treatment. Treatment was ineffective and inappropriate. Although the doctor wanted to help the

patient, as of 8/18/03, he still did not know what was causing her pain. The documentation provided failed to show that the disputed services were necessary.

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

Sincerely,