

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 August 4, 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, electrical stimulation, ultrasound, therapeutic exercises, and physical performance test 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 office visits, electrical stimulation, ultrasound, therapeutic exercises, and physical performance test were not found to be medically necessary, reimbursement for dates of service from 4/3/03 through 5/7/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 16th day of October 2003.

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

NOTICE OF INDEPENDENT REVIEW DECISION

Date: October 2, 2003

RE: MDR Tracking #: M5-03-3172-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer that has ADL certification. The Chiropractic physician reviewer has signed a certification statement stating 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 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 this case.

Clinical History

According to the supplied documentation, it appears that the claimant injured his rib cage on the right, his right arm, his mid and lower back, and had pain and numbness bilaterally in his hands while at work at a tire company. The date of injury was _____. The initial report from _____ also stated the claimant had prior history of a similar condition. Chiropractic care was begun with passive and active modalities, including aquatic therapy. The claimant had a nerve conduction velocity performed on 09/26/2001, which indicated carpal tunnel entrapment, an ulnar neuropathy, and a C7 neuropathy. A MRI dated 10/06/2001 revealed the claimant had impingement syndrome with a partial tear of the supraspinatus muscle and another MRI on 10/27/2001 revealed a C5-6 disc protrusion measuring 3mm. The Claimant underwent right shoulder surgery on 01/25/2002, by _____. There is a gap in documentation that picks back up on 04/07/2003 reporting ongoing shoulder and back pain. Therapy was re-instated on 04/14/2003 and lasting through 05/07/2003 including both passive and active modalities. The documentation ends on 05/07/2003.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including office visits, electrical stimulation, ultrasound, therapeutic exercise, massage and physical performance test rendered between 04/03/2003 through 05/07/2003.

Decision

I agree with the insurance company that the services performed between 04/03/2003 – 05/07/2003 were not medically necessary.

Rationale/Basis for Decision

The supplied documentation does not support the therapy and diagnostic testing performed approximately 2 years post-injury. The therapy rendered was very similar to care that was rendered at the initial treatment phase immediately following the claimant's injury. There is no objective documentation that supports the passive and active modalities that were rendered during the dates in question. The Physical Performance Evaluation that was performed on 04/07/2003 did not have any medical necessity. There were not any notes, reports, or other statements that justify the need for this test. All of the care that was rendered after the 04/07/2003 test was not linked in any way to the compensable injury. According to the supplied documentation, the claimant came back to the clinic, performed a 2-hour test and resumed care. From the notes submitted for review, there is not any medical necessity provided to support the therapy listed on the explanation of benefits. The initial report also documented a prior injury which questions a potential underlying cause of the injury and could be the reason this claimant has had complaints 2 years after his compensable injury occurred. Typical and medical standards do not follow the treatment protocol in which the claimant was treated and therefore is not considered reasonable or medically necessary.