

MDR Tracking Number: M5-03-3193-01

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 August 7, 2003.

Per Rule 133.308 (e)(1), dates of service 7/1/02 through 8/5/02 were filed after the one year filing deadline and therefore are considered untimely and are not eligible for review.

Correspondence submitted by \_\_\_ dated 10/27/03 revealed that \_\_\_ does not desire to pursue the fee issues for dates of service 1/21/03 and 1/24/03 CPT code 97250. Therefore a decision will be rendered addressing the medical necessity issues only, as requested by \_\_\_ with \_\_\_.

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, kinetic activities, manual traction, myofascial release, unlisted procedure, therapeutic exercises, neuromuscular re-education, activities of daily living training and electrical stimulation 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 office visits, kinetic activities, manual traction, myofascial release, unlisted procedure, therapeutic exercises, neuromuscular re-education, activities of daily living training and electrical stimulation were not found to be medically necessary, reimbursement for dates of service from 8/9/02 through 1/27/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 29<sup>th</sup> day of October 2003.

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

October 20, 2003

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\_\_\_ 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 reviewer is on the TWCC Approved Doctor List (ADL). 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

The patient was pushed forward by a large pallet and fell on the pallet and a table, causing her to have spinal pain that radiates into her left arm and leg. She began treatment shortly after that point by \_\_\_ and has been treated with passive and active treatment as well as chiropractic care. 2<sup>nd</sup> opinion by \_\_\_ indicated a need for medication as well as continued conservative care on May 20, 2002. \_\_\_, was a designated doctor on the case and recommended MMI in 3 months from the date of service (June 26, 2002) and a neurological consultation. No recommendation was found regarding physical medicine in his report. He again found her not to be at MMI as of April 15, 2003. A second designated doctor, \_\_\_, found her to be at MMI as of August 15, 2003. Lumbar MRI reveals degeneration of the spine generalized to the region. Cervical MRI demonstrated mild C5-6 bulging but no herniation.

A peer review by \_\_\_ is reviewed as part of the documentation.

#### DISPUTED SERVICES

Under dispute is the medical necessity of office visits, kinetic activities, manual traction, myofascial release, unlisted procedure, therapeutic procedure, neuromuscular re-education, activities of daily living training and electrical stimulation from 8/9/02 through 1/27/03.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The records presented do not indicate that there is any form of progress that can be measured with the treatment rendered. Travel card types of notes are acceptable to most practitioners, but the sheets should at least demonstrate that the patient is decreasing in symptoms and progressing to an end of the treatment plan. The notes are of little value in determining this and they give little insight into the patient's condition. While there was a disc bulge to the cervical spine, little was accomplished through the extensive treatment plan that was utilized in this case. There is no justification for the requested services in the notes that are presented and as a result, medical necessity is not established for the dates in question.

\_\_\_ 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,