

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 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 all the services performed and billed from 01-02-01 through 4-24-01 were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the medical necessity fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 01-02-01 to 4-24-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 29th day of April 2002.

Dee Z. Torres, Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and subsequently re-delegated by Virginia May, Deputy Executive Director.

Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION

March 5, 2002

David Martinez
Chief, Medical Dispute Resolution
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 40
Austin, TX 78704-7491

RE: Injured Worker:
MDR Tracking #: M5-02-1883-01
IRO Certificate #: 4326

_____ 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 rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed as a doctor of chiropractic. ____ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating health care professionals, physicians or providers or any of the health care professionals 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.

The ____ health care professional has determined that the rendered care was not medically necessary for treatment of the patient's condition. Therefore, ____ agrees with the previous adverse determination. The specific reasons including the clinical basis for this determination are as follows:

This 26-year-old female sustained a back injury while moving boxes on _____. The patient participated in a work hardening/conditioning program as prescribed by the treating chiropractor from 01/02/01 to 04/24/01. The functional capacity examinations conducted on 12/20/00 and 12/21/00 contain discrepancies. The examination dated 12/20/00 reported grade 5/5-muscle strength throughout the major muscle groups of the upper and lower extremities. The 12/21/00 examination reported grade 1/5 "paresis" of the left deltoid muscle (posterior). A grade one muscle strength, as reported by D'Ambrosia, Musculoskeletal Disorders, Lippencott, 1977, states a grade one measurement is "a flicker, a trace of power, under 10% with no measurable joint motion." On the same day (12/21/00), the patient measured a left shoulder abduction of 167 degrees, which is slightly restricted. These findings, coupled with the invalid test results of the grip strength test performed on 12/20/00 indicate that the results of the functional capacity examinations are not valid. These examinations were the criteria used as the basis for the work hardening program. Therefore, it is determined that the work hardening/conditioning program prescribed from 01/02/01 to 04/24/01 was not medically necessary to treat this patient's condition.

Sincerely,

Director of Medical Assessment