

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-02-2807.M5**

MDR Tracking Number: M5-02-1912-01

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 adverse determination.

Based on review of the disputed issues within the request, the Division has determined that work hardening fees were the only fees involved in the medical dispute to be resolved. As the treatment has not been found to be medically necessary, reimbursement for dates of service commencing on August 27, 2001 and extending through October 5, 2001 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6<sup>th</sup> day of March 2002.

Marguerite Foster,  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf

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.

**NOTICE OF INDEPENDENT REVIEW DECISION**

February 26, 2002

RE: Injured Worker:  
MDR Tracking #: M5-02-1912-01  
IRO Certificate #: 4326

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 in chiropractic medicine. \_\_\_ 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 chiropractic services provided between 08/27/01 and 10/05/01 were 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 51-year-old female presented to the office of \_\_\_\_\_ on 04/05/01 for an injury that occurred on \_\_\_\_\_. The injury occurred at work in \_\_\_\_\_ when she was walking out of a carpeted area and tripped over the metal separating the carpet on the floor. She fell on her right side, injuring her right hip and leg. She also injured her back. She was given a diagnosis of thoracic strain. Upon examination at \_\_\_\_\_ on 08/13/01, she was given a diagnosis of hip sprain/strain and ankle sprain/strain. Examination findings at that time indicated that cervical and low back ranges of motion were normal. The patient's right hip and ankle were painful and presented with decreases in range of motion. Deep tendon reflexes were all normal except the patellar reflex bilaterally, which was +1 bilaterally. The patient sustained a sprain/strain of the hip and ankle, which according to medical protocol should take approximately 8-12 weeks to heal completely. The extensive amount of chiropractic, physical therapy, and work conditioning that occurred from the dates of service 04/03/01 to 08/24/01 is more than adequate time and therapy for the patient to reach maximum medical improvement. This is, on average, double the standard treatment plan for a sprain/strain of the hip and ankle and any further treatment beyond 08/27/01 was excessive and medically unnecessary. In addition, the areas focused on in the work hardening program were the cervical region as well as the lower back region. The cervical area was not initially diagnosed as a chief complaint region and thus was not in need of work hardening. The review of the medical record documentation from 06/25/01 through 08/24/01 also has the patient's pain level as being a 2 on a scale of 1-10. This indicates that the patient was nearing maximum medical improvement and release from care to a home exercise protocol on 08/24/01. Therefore, it is determined that the chiropractic services provided between 08/27/01 and 10/05/01 were not medically necessary to treat this patient's condition.

Sincerely,

Director of Medical Assessment