

MDR Tracking Number: M5-02-1937-01

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 determination that educational service was 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 educational service 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 date of service 9/25/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20th day of February 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

February 11, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-02-1937-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on ___ external review panel. ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 66 year-old female who sustained a work related injury on _____. The patient reported that while at work two students were playing on the sidewalk and ran into her causing her to fall. The patient reported that she landed on her right side, injuring her right shoulder, neck, mid back, low back, right hip, and right knee. The patient underwent X-Rays for the cervical spine, lumbar spine, shoulder and scapula, thoracic spine and knee. The diagnoses for this patient include neck sprain, thoracic sprain, lumbar sprain, sacroiliac sprain, right knee sprain/strain, and right shoulder sprain/strain. The patient was treated with joint mobilization, physical medicine modalities, and rehabilitative measures to the spine.

Requested Services

Educational Services on 9/25/01.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

_____ chiropractor reviewer indicated that the patient sustained a work related injury on _____. _____ chiropractor reviewer also indicated that the diagnoses for this patient included neck sprain, thoracic sprain, lumbar sprain, sacroiliac sprain, right knee sprain/strain, and right shoulder sprain/strain. _____ chiropractor reviewer noted that the patient has been treated with joint mobilization, physical medicine modalities, and rehabilitative measures to the spine. _____ chiropractor reviewer also noted that the patient had gained 8 pounds from 3/27/01 through 9/12/01. _____ chiropractor reviewer further noted that the patient had bladder surgery 8/10/01. _____ chiropractor reviewer indicated that the patient's weight gain could be related to the bladder surgery and related recovery. _____ chiropractor reviewer explained that the basic information taught in the class on 9/25/01 could have been discussed during routine office visits with the treating physician. _____ chiropractor reviewer also explained that the educational services the patient received on 9/25/01 were 6 months after the initial injury date. _____ chiropractor reviewer indicated that the educational services rendered to the patient on 9/25/01 would not help to resolve this patient's condition more quickly. _____ chiropractor reviewer also indicated that there is no proof that the patient's weight gain was from lack of exercise due to this work related injury. Therefore, _____ chiropractor consultant has concluded that the educational services on 9/25/01 were not medically necessary to treat this patient's condition.

Sincerely,
