

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

SOAH DOCKET NO. 453-03-1662.M5

MDR Tracking Number: M5-02-2539-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the respondent prevailed** on the issues of medical necessity. Therefore in accordance with §133.308(q)(9), the Commission hereby **Declines to Order** the respondent to reimburse the **requestor** for the paid IRO fee.

The requestor subsequently withdrew all services disputed under the Medical Fee Guideline. Therefore, based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only remaining issue** to be resolved. The disputed analysis of computer data, physician/team conferences, office visits with manipulations, required reports, physical therapy sessions, nerve conduction studies, range of motion testing and functional capacity examination were found to **not** be medically necessary. The respondent raised no other reasons for denying reimbursement for these services.

This Decision is applicable to dates of service 5/19/01 through 2/8/02 in this dispute.

This Decision is hereby issued this 27th day of November 2002.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

October 24, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2539-01
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 in chiropractic care. ___ 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 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

This 25 year old male sustained a work related injury on ___ when he was hit by a truck and wedged against a fork lift. The patient injured his lower back, groin, and abdomen. The patient has undergone an MRI and EMG/NCV testing and has a diagnosis of lumbar radiculitis and thoracic nerve root irritation. The patient has been under the care of a chiropractor since 02/27/01.

Requested Service(s)

Analysis of computer data, physician/team conferences, office visits with manipulation, required reports, physical therapy sessions, nerve conduction studies, range of motion testing and functional capacity examination from 05/19/01 through 02/8/02.

Decision

It is determined that the analysis of computer data, physician/team conferences, office visits with manipulation, required reports, physical therapy sessions, nerve conduction studies, range of motion testing, and functional capacity examination from 05/19/01 through 02/8/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The submitted medical record documentation does not contain sufficient documentation to substantiate the medical necessity for the treatments provided from 05/19/01 through

02/08/02. The patient has been under the care of the chiropractor since 02/27/01, as that was the date listed for the initial evaluation. The medical record documentation lacks the initial examination and history, initial diagnostic imagery findings, specialist's reports, progress notes for days of service from 02/27/01 to 05/19/01, and re-examination reports. Therefore, there is not sufficient medical record documentation to substantiate the medical necessity for the analysis of computer data, physician/team conferences, office visits with manipulation, required reports, physical therapy sessions, nerve conduction studies, range of motion testing, and functional capacity examination from 05/19/01 through 02/8/02.

Sincerely,