

MDR Tracking Number: M5-02-2776-01

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 office visits, reports, manipulations, and physical therapy were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that office visits, reports, manipulations, and physical therapy 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 6-11-01 through 12-3-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24th day of September 2002.

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

DZT/dzt

September 13, 2002

David Martinez
TWCC
4000 IH 35 South-MS 48
Austin, TX 78704

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IRO #: 5251

___ 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 ___ 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

___ was injured on his job when he was struck in the head by a pole, causing instant pain. He initially sought care from ___ the day after the injury. Physical therapy modalities were prescribed for this patient and he was also prescribed medication. The notes I have reviewed are not specific as to what types of medication were prescribed. ___ was referred for physical therapy with ___, but no physical therapy notes are available. ___ notes do not indicate that the PT is active therapy nor do they describe what type of PT was recommended (passive/active/manual/etc). ___ stayed with ___ until switching doctors and beginning treatment on June 11, 2001.

Upon changing to ___, he was treated with daily care to include manipulative therapy, ultrasound, interferential, traction, myofascial release and hot packs. The care that was delivered by the treating clinic continued to include the passive modalities until 7-25-2001, at which time it contained only regional manipulation was rendered. The treatment seemed to end on 12-3-2001, which is the last date contested in this filing. The patient was eventually found at MMI with 15% whole person impairment by ___ on February 1, 2002.

DECISION

Agree with the previous adverse determination.

BASIS FOR THE DECISION

The basis for the decision lies in the lack of objective documentation by the treating doctor as to a rational reason for continuing a passive treatment program into the 7th month after the initial date of injury. There was some passive treatment rendered before this treatment, and no active care was found to be utilized by any of the providers. The North American Spine Society treatment guidelines for Phase I do indicate that passive care is reasonable for up to 4 months after the date of injury, but in this case the care falls well outside even that liberal of a guideline. Also, the TWCC Spinal Treatment Guidelines were in effect during this time but no indication is made by the requestor as to the rationale behind keeping a patient in the primary phase for up to 7 months.

With regard to chiropractic manipulative therapy, there is no indication as to the goals of the care that were rendered. Specifically, no record of what the subjective, objective, assessment and plan of this patient's care with enough detail to aid in the determination

of medical necessity. Simply stating “ROM is decreased with pain and stiffness” does not document the goals and results of the treatment. No progress is documented from the first date of service by the treating doctor. As a result, the care rendered by ___ is found to not be medically necessary on the basis of documentation presented.

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,