

December 5, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-02-3113-01
TWCC #:
Injured Employee
Requestor:
Respondent:
----- Case #:

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). MAXIMUS' IRO Certificate Number is -----. 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 MAXIMUS for independent review in accordance with this Rule.

MAXIMUS 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 MAXIMUS's external review panel. MAXIMUS's chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this physician 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 MAXIMUS for independent review. In addition, MAXIMUS's chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 43 year-old male who sustained a work related injury to his lower back and right shoulder on -----. The patient states that this injury occurred while lifting and handling some frame molds. The patient underwent physical and radiology examination. The X-Rays showed that there were osteophytes at T6-T9, T12, and L4, and a mild curvature from T6-T9 convex to the right. The diagnoses for this patient were I.V.D. Disorder with Myelopathy, Lumbar Vertebral Subluxation, Lumbar Sprain/Strain, Thoracic Vertebral Subluxation, Thoracic Sprain/Strain, Radiculitis, and Disorder of the Shoulder.

Requested Services

Physical Therapy and office visits rendered from 12/21/01 through 5/13/02.

Decision

The Carrier's denial of coverage for these services is upheld.

Rationale/Basis for Decision

MAXIMUS's chiropractor reviewer indicated that the diagnosis for this patient is I.V.D. Disorder with Myelopathy. MAXIMUS's chiropractor reviewer also indicated that there was a gap in this patient's treatment from 9/2001 through 12/2001. MAXIMUS 's chiropractor reviewer further indicated that the available records do not demonstrate the need for chiropractor treatments after this gap in treatment. Therefore, MAXIMUS's chiropractor reviewer has concluded that the treatments rendered were not medically necessary for the treatment of this patient's condition.

Sincerely,

State Appeals Department