

MDR Tracking Number: M5-02-3255-01

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 and therapies (including ultrasound, myofascial, therapeutic, joint manipulation, traction, report preparation, psychiatric diagnosis interview and DME) were 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 office visits and therapies 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 4/30/01 to 8/16/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

December 11, 2002

AMENDED RATIONALE/BASIS FOR DECISION

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

RE: MDR Tracking #: M5-02-3255-01
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 42 year old female sustained a work-related injury on ___ when she was attempting to unload a large basket of mail. The patient injured her right shoulder and cervical spine. An MRI of the cervical spine revealed a C2-3 foraminal stenosis, a C3-4 2mm disc bulge, a C4-5 2.5mm disc bulge with associated radial tear, and a C5-6 3mm broad disc herniation with indentation on the cervical cord. Electromyography (EMG) revealed evidence suggestive of left carpal tunnel syndrome. The patient was under the care of a chiropractor and from 04/30/01 through 08/16/01, received office visits, ultrasound therapy, myofascial release, therapeutic procedures, joint manipulation, physical medicine, traction, report preparation, psychiatric diagnosis interview, and durable medical equipment.

Requested Service(s)

Office visits, ultrasound therapy, myofascial release, therapeutic procedures, joint manipulation, physical medicine, traction, report preparation, psychiatric diagnosis interview, and durable medical equipment provided from 04/30/01 through 08/16/01.

Decision

It is determined that the office visits, ultrasound therapy, myofascial release, therapeutic procedures, joint manipulation, physical medicine, traction, report preparation, psychiatric diagnosis interview, and durable medical equipment provided from 04/30/01 through 08/16/01 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation fails to substantiate the medical necessity for continued implementation of passive applications. Passive chiropractic applications that include ultrasound, joint mobilization, myofascial release, and traction should be performed over a 6-8 week trial. There is no record of psychological defects, functional deficits, or response to rendered applications in the medical record documentation. No baseline data exists so that further therapeutic applications cannot be judged on effectiveness in treating the patient's pain complex.

If a patient continues to demonstrate no change in the outcome assessment data after three consecutive re-evaluations, then a referral may be appropriate or the patient may have reached maximum improvement for their condition as referenced in: “Overview of implementation of outcome assessment case management” in the Clinical Practice Guidelines, published in 2001 by the Washington State Chiropractic Association.

Therefore, it is determined that the office visits, ultrasound therapy, myofascial release, therapeutic procedures, joint manipulation, physical medicine, traction, report preparation, psychiatric diagnosis interview, and durable medical equipment provided from 04/30/01 through 08/16/01 were not medically necessary.

Sincerely,