

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 **or January 1, 2003** 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 the disputed services 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 medical necessity was the only issue to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 2-15-02 through 3-8-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12th day of June 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION - REVISION

Date: June 10, 2003

RE: MDR Tracking #: M5-03-1525-01
IRO Certificate #: 5242

_____ 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 proposed 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 chiropractor reviewer. The chiropractor reviewer 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

The aforementioned injured worker was at work walking when she tripped on a curb. Her areas of injury included both knees, left wrist and lumbar spine. The injured worker presented herself to chiropractor ___ on 01/11/02. Care began on 01/14/02 and has lasted as per documentation submitted through 03/08/02 for a total of 28 sessions. The injured worker has received passive and active therapies over the course of care, including such therapies as manipulation, joint mobilization, myofascial release, therapeutic activities, and neuromuscular re-education. This level of service is consistent for all dates of service.

Requested Service(s)

The medical necessity of the services rendered from 02/15/02 through 03/08/02.

Decision

Based on the documentation provided, it is the opinion of this reviewer that services rendered from 02/15/02 through 03/08/02 were not medically necessary.

Rationale/Basis for Decision

Regarding the myofascial release (97250), there is inadequate documentation that supports greater than the amounts already received prior to 02/15/02, about 15 units. Regarding the therapeutic activities (97530) at six units per session, again, there is little documentation that supports this level of utilization, whereas after the initial 15 sessions, at 6 units per session, 90 units total should have sufficed in order to progress the injured worker to a less intensive environment for the completion of such activities.

My review is based on all documentation submitted including the two previous reviews by Dr. _____ and Dr. _____. It is possible that I have reviewed items that they did not have access to. Despite the fact that your reports did offer evidence of improvements in the patient's condition they would not be considered as objectively significant improvement to justify this level of utilization. By definition, medical necessity is defined as the shortest, or least expensive, level of treatment, care or services rendered to the extent required to diagnose or treat an injury or illness.

This review was performed based on the provided documentation. I have not met or examined this patient, nor have I established a doctor patient relationship.