

March 26, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-1456-01
TWCC#:
Injured Employee:
DOI:
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am _____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine who is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

Correspondence
H&P and office notes
Physical therapy notes
Muscle testing reports
Radiology report

Clinical History:

The patient suffered a slip and fall injury at work on 11/14/02. He injured his left knee, right arm, neck, left shoulder, and upper back. On 12/10/02, the patient underwent an MRI of the neck and knee that demonstrated the need for continued conservative care. In addition, an RME dated 02/10/03 stated that the patient was to undergo conservative care and a 6-week work hardening program.

Disputed Services:

The following services and treatment during the period of 02/05/03 through 04/16/03:

- Office visits
- Myofascial release
- Electrical stimulation-unattended
- Hot/cold pack therapy
- Physical performance testing
- Mechanical traction
- Therapeutic exercises
- Neuromuscular re-education
- Therapeutic activities

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as listed above were medically necessary in this case.

Rationale:

Medical documentation reviewed supports the patient underwent a compensable and medically substantiated injury. The need for continued conservative care, as well as a 6-week work hardening program, was established by an MRI on 12/10/02, and by an RME dated 02/10/03. Treatment guidelines that were utilized for this particular case were according to the treatment guidelines of the AHCPR as stated in the Bigos, et. al. document, 1994, Assessment and Treatment, US Department of Health.

Sincerely,