

MDR Tracking Number: M5-04-0906-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 11-26-03.

The IRO reviewed office visit, electrical stimulation, vasopneumatic device, and hot/cold pack on 7-29-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 2-18-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. The requestor failed to submit relevant information to support components of the fee dispute. No reimbursement recommended.

This Decision is hereby issued this 23<sup>rd</sup> day of April 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

#### NOTICE OF INDEPENDENT REVIEW DECISION

February 12, 2004

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IRO Certificate #: IRO4326

The \_\_\_ 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 Medicine. \_\_\_'s 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 patient was injured on \_\_\_ when he was knocked off a crane platform by a forklift hitting the crane. He was jerked suddenly and then hit his head on the side of the lift. He developed neck, back, right knee, and left shoulder pain along with headaches.

#### Requested Service(s)

Electrical stimulation, vasopneumatic device, hot/cold packs, and therapeutic procedure on 07/29/03

#### Decision

It is determined that the electrical stimulation, vasopneumatic device, hot/cold packs, and therapeutic procedure on 07/29/03 were not medically necessary to treat this patient's condition.

#### Rationale/Basis for Decision

The rationale of the treating provider to render continued passive modalities that include electrical stimulation, vasopneumatic device, hot/cold packs, and therapeutic procedures following both maximum medical improvement (MMI) and return to work (RTW) programs is not clear. Continued utilization of passive therapeutics does not allow this patient to make the necessary transition to active, patient-driven applications that will be needed with return to work goals.

There is no documented treatment plan that would warrant the application of continued passive applications beyond an initial 4-8 weeks trial. Applications of passive modalities are not promoting recovery and are leading to patient dependence on clinical therapeutics for pain reduction. There is no qualitative/quantitative data regarding the efficacy of the provider's trials of passive therapeutics. Therefore, it is determined that the electrical stimulation, vasopneumatic device, hot/cold packs, and therapeutic procedure on 07/29/03 were not medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

*Guidelines for chiropractic quality assurance and practice parameters* 1993 22p.

Levoska S, et al. *Active or passive physiotherapy for occupational cervicobrachial disorders? A comparison of two treatment methods with a 1-year follow-up* Arch Phys Med Rehabil. 1993 Apr; 74(4): 425-30.

*Overview of implementation of outcome assessment case management in the clinical practice* Washington State Chiropractic Association; 2001 54p.

Yeomans DC, SG. *Applying Outcomes Management into Clinical Practice.* J Neuromusculoskel System Summer 1997; 5(2): 1-14

Sincerely,