

MDR Tracking Number: M5-04-1369-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on January 16, 2004.

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 neuromuscular re-education, myofascial release, therapeutic exercise and office visits 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 fees were the only fees involved in the medical dispute to be resolved. As the treatments listed above were not found to be medically necessary, reimbursement for dates of service from 01-17-03 to 02-28-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 27th day of February 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 2/26/04

MDR Tracking Number: M5-04-1369-01
IRO Certificate Number: 5259

February 24, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

Patient injured lumbar spine at work on ___ and underwent lumbar disc surgery on 06/03/02 after being treated with injections and physical medicine modalities.

REQUESTED SERVICE (S)

Neuromuscular re-education, myofascial release, therapeutic exercise and office visits from 01/17/03 through 02/28/03.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

All office visits (99213) are denied on the basis that it was not medically necessary to perform an expanded re-examination on each patient encounter. Moreover, no medical records were supplied that would document that those examinations were even performed.

In this case, the post-operative rehabilitation was begun sometime in September 2002 (no records were supplied to indicate the exact date) and discontinued sometime later (no records were supplied to indicate the exact date) when the patient had a heart attack and bypass surgery (no records were supplied to indicate the exact date). While it is unfortunate that the cardiac condition resulted in even further delay, the question still at hand is if the rehabilitation treatment in early 2003 (now seven full months after the lumbar surgery) could be reasonably expected to yield a positive benefit for the patient and thus medically necessary.

The medical treatment records for the specific dates in question fail to objectively measure the patient's response to care by documenting gains in pain reduction, functional improvement or the ability of the patient to return to work. In fact, no examination findings were submitted at the initiation of care or at the conclusion of care that would in any way allow the patient's response to care be measured.

Since those examination findings were not submitted, the only basis left to evaluate the patient's response to care in any way was the patient's own subjective comments on each visit. The "Daily P.T." records clearly indicate that patient gave no indication that the treatment decreased his pain symptoms in any material way. Therefore, there is no documentation whatsoever supporting the medical necessity of the care rendered.