

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-5764.M5

MDR Tracking Number: M5-04-1734-01

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 February 13, 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 office visits therapeutic exercise, myofascial release, electrical stimulation unattended, hot/cold pack therapy and joint mobilization 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 treatment listed above were not found to be medically necessary, reimbursement for dates of service from 03/10/03 to 05-14-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12th day of April 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

MDR Tracking Number: M5-04-1734-01
IRO Certificate Number: 5259

April 5, 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

The patient had extensive physical medicine treatments and several surgeries after falling at work and injuring her right wrist on ___.

REQUESTED SERVICE (S)

Office visits, therapeutic exercise, myofascial release, electrical stimulation unattended, hot/cold pack therapy and joint mobilization from 03/10/03 to 05/14/03.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

An injured employee is entitled to care that cures or relieves the effects of a compensable injury, promotes recovery or enhances the ability of the employee to return to or retain employment. In this case, the treatment failed all three standards since the care did not relieve effects, did not promote recovery and did not help return the patient to employment. Not only was additional surgery necessary, but according to the treating doctor's own records and reports, the patient experienced no significant reduction in pain. Therefore, the care for the specified dates can only be categorized as medically unnecessary.

Although the treating doctor used the review he requested from ___ as the basis for reimbursement, the 06/23/03 review only stated that medical treatment "would have been expected" until 05/04/03. The review did not in any way endorse the extensive and unsuccessful treatments that were performed on this patient.