

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

SOAH DOCKET NO. 453-04-7319.M5

MDR Tracking Number: M5-04-1973-01

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 March 3, 2004.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 03-03-04, therefore the following date(s) of service are not timely: 02-13-03 and 02-24-03

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 therapeutic exercises and office visits with manipulation 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 03-05-03 to 03-17-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 8th day of June 2004.

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

May 14, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

MDR Tracking #: M5-04-1973-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by

the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 54 year-old male who sustained a work related injury on ___. The patient reported that while at work he fell injuring his back. Initial treatment for this patient's condition consisted of medications and physical therapy. The patient began treatment with the current treating doctor on 10/7/02 and continued through 3/17/03. Treatment consisted of active rehabilitation, manipulation of the lumbar facet joints and condition specific strengthening exercises.

Requested Services

Therapeutic exercises and office visits with manipulation from 3/5/03 through 3/17/03.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Treatment notes 10/7/02 – 3/17/03
2. Peer review 2/12/03

Documents Submitted by Respondent:

1. Peer review 2/12/03
2. Computer Print outs

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 54 year-old male who sustained a work related injury to his back on ___. The ___ chiropractor reviewer indicated that the patient initially received medication and physical therapy and on 10/7/02 the patient began chiropractic treatment that continued through 3/17/03. The ___ chiropractor reviewer noted that the initial examination revealed range of motion without evidence of arcs of motion, palpation findings, and one positive orthopedic test. The ___ chiropractor reviewer explained that there was no evidence of progress in the examinations. The ___ chiropractor reviewer noted that a MRI of the lumbar spine revealed some arthritic changes and that the examination findings indicated that the patient had reached maximum medical improvement. The ___ chiropractor reviewer

explained that there was no evidence that additional care would have made substantial changes in the patient's condition. The ___ chiropractor reviewer indicated that the patient could have been transitioned to an independent home exercise program.

The ___ chiropractor reviewer explained that the treatment this patient received surpassed treatment guidelines of the American College of Orthopedic Environmental Medicine guidelines, as well as the Mercy Guidelines. Therefore, the ___ chiropractor consultant concluded that the Therapeutic exercises and office visits with manipulation from 3/5/03 through 3/17/03 were not medically necessary to treat this patient's condition.

Sincerely,