

MDR Tracking Number: M5-04-2544-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 04-13-04. Date of service 07-02-03 was withdrawn on 05-20-04 by Susan Gann from Mobile Diagnostics of Texas.

The Medical Review 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 physical performance testing was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

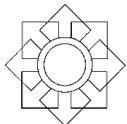
Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 07-24-03 to 11-03-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of July 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO decision



Texas Medical Foundation

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NOTICE OF INDEPENDENT REVIEW DECISION

July 2, 2004

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker: _____
MDR Tracking #: M5-04-2544-01
IRO Certificate #: IRO4236

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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. TMF'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 TMF 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 33-year-old male sustained a work related injury on _____. He slipped and fell, injuring his upper and lower back. He complained of continuous mid lower back pain equal in severity to intermittent left anterior mid trapezial pain. The patient's treatment has included physical therapy, shoulder injection and three injections to the back. He has been diagnosed with MRI's of the lower back and left shoulder, EMG, Functional Capacity Evaluation, range of motion and muscle testing.

Requested Service(s)

Physical performance testing from 07/24/03 through 11/03/03

Decision

It is determined that the physical performance testing was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient underwent a physical performance test on 07/24/03 that included range of motion studies and muscle testing studies. The muscle testing studies demonstrate little to no change in the patient's shoulder muscles and little to no change in the patient's lumbar ranges of motion from 05/20/03 through 07/24/03. The data contained in the testing performed was already available in the evaluations reviewed from the chiropractor and the orthopedist in this case and the testing on 07/24/03, 09/25/03, and 11/03/03 served no discernable clinical purpose. Therefore, the physical performance testing was not medically necessary to treat this patient's condition.

Sincerely,



Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:
Attachment

Information Submitted to TMF for TWCC Review

Patient Name: ____

TWCC ID #: M5-04-2544-01

Information Submitted by Requestor:

Texas workers compensation commission hearings division 06/10/03
Medical dispute resolution request
Mobile diagnostics of Texas request for reconsideration 03/10/2004, 05/20/04, 09/18/03,
EMG 07/02/03, range of motion and muscle testing 04/29/03, 04/15/03, 07/24/03, FCE
10/03/03
Functional Capacity Evaluation not dated
William R. Culver MD retrospective review 07/01/03, 06/27/03
Bernie L McCaskill, MD medical evaluation 12/23/03
EOB 07/21/03
Alpha Treatment Centers examination 09/19/03, 07/09/03, 06/01/03, 03/13/03, 03/12/03,
03/11/03, 03/07/03, 03/06/03, 02/27/03, 03/04/03, 02/28/03
Irving Imaging Center MRI lumbar spine 04/17/03, MRI left shoulder 04/17/03
Mark Laning x-ray findings 03/01/03
Advantage HealthCare systems psychological eval 09/25/03
Churchill Evaluation centers 10/10/03

Supplemental information on Paul Munoz, medical history, physical examination, Impairment rating calculation and detail, testing and measurements

Information Submitted by Respondent:

Zenith Insurance company letter 05/24/04

William R. Culver MD retrospective review 06/27/2003