

MDR Tracking Number: M5-04-2632-01

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 April 22, 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 04-22-04, therefore the following date(s) of service are not timely: 03-04-03 through 04-17-03.

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 office visits, therapeutic procedures, therapeutic activities, therapeutic procedure-gait training, neuromuscular re-education, required report, training-daily living activities, conference by a physician, prolonged evaluation, therapeutic exercises, self care-home management training, education supplies and work related or medical disability examination 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 04-22-03 to 01-23-04 is denied and the Division declines to issue an Order in this dispute.

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

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

August 23 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

REVISED REPORT
Corrected dates in dispute.

Re: Medical Dispute Resolution
MDR #: M5-04-2632-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: 50555

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: letter of medical necessity, office notes, physical therapy notes, ROM measurements, nerve conduction test and radiology reports.

Information provided by Respondent: correspondence and designated doctor exam.

Information provided by:

Orthopedic Surgeon: office notes.

Pain Management Specialist: office notes.

2nd Orthopedic Surgeon: office notes

2nd Chiropractor: office notes.

Clinical History:

The patient injured his back and neck and aggravated a carpal tunnel injury while at work on ___. He received extensive treatment and therapy.

Disputed Services:

Office visits, therapeutic procedures, therapeutic activities, therapeutic procedure-gait

training, neuromuscular re-education, required report, training-daily living activities, conference by physician, prolonged evaluation, therapeutic exercises, self care – home management training, education supplies, and work-related or medical disability examination during the period of 04/22/03 through 01/23/04.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were not medically necessary in this case.

Rationale:

The injuries for this patient occurred in _____. He received extensive therapy prior to the time under question in this review. The Texas Guidelines for Chiropractic Quality Assurance, as well as the Mercy Guidelines, indicate that this type of injury would be resolved within 8-12 weeks. This patient continued to receive chiropractic care and therapeutic care long after it was shown to be ineffective in progressing the patient towards maximum medical improvement. The patient did receive ESI injections, which seemed to help alleviate the pain. Therefore, the chiropractic care and therapeutic care under question in this review is denied.

Sincerely,