

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

SOAH DOCKET NO. 453-05-0945.M5

MDR Tracking Number: M5-04-2834-01

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 05-03-04.

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 aquatic therapy, therapeutic exercises, massage therapy, neuromuscular re-education and gait training 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 Medical Review Division has determined that 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 12-04-03 to 03-10-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 16th day of July 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 12, 2004

Re: IRO Case # M5-04-2834-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service 12/30/02 – 10/13/03
2. Explanation of benefits
3. Letter from D.C. 1/22/04
4. Treatment notes from treating D.C.
5. Review of records and addendum review 11/15/03, 11/18/03
6. TWCC-69 reports
7. DDE report 3/12/04
8. Clarification letter 3/25/04
9. Doctors' reports
10. FCE report 1/20/04
11. Training log from D.C.
12. Behavioral evaluation report 2/19/03
13. Report 2/17/04

History

The patient injured her ribs; ankles and right deltoid muscle in ___ when she fell after she was struck from behind by a student in a wheelchair. She was diagnosed with a left Achilles tendon tear and a rib contusion. She had medical treatment, and

then changed her treating doctor to a chiropractor. She was evaluated by x-rays and MRI, and has been treated with medication, physical therapy and chiropractic treatment.

Requested Service(s)

Aquatic therapy, therapeutic exercises, massage therapy, neuromuscular re-education, gait training 12/4/03 – 3/10/04

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient had an adequate trial of medical treatment prior to the dates in dispute. I agree with the physical medicine and rehabilitation specialist who stated that proper casting, orthotics and use of a CAM walker would be sufficient to treat this patient's injuries. The records provided from the treating D.C. did not show that chiropractic treatment was necessary in this case. The patient had a prior history of back problems, and was obese (5'9" and 261 pounds), diabetic and deconditioned. From the records provided, it appears that this was not a chiropractic case. The patient had been appropriately treated prior to seeing the D.C., and it is likely that her injuries would have resolved without further treatment. Medical treatment had been cost effective and directed at a return to work. The medical doctor had recommended that the patient return to work with the help of the CAM walker, but the D.C. had her taken off work. The documentation from the D.C. failed to show that the treatment provided was beneficial to the patient. It produced no measurable or objective improvement, and there is no indication that it was directed at progression or return to work, and it was not provided in the least intense setting. The documentation does not show the necessity of the disputed treatment.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.