

MDR Tracking Number: M5-04-3416-01

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 June 8, 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 w/manipulations, joint mobilization, myofascial release; therapeutic exercises, neuromuscular re-education, chiropractic manipulations, manual therapy and mechanical traction 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 **medical necessity was the only issue** to be resolved. As the office visits w/manipulations, joint mobilization, myofascial release, therapeutic exercises, neuromuscular re-education, chiropractic manipulations, manual therapy and mechanical traction were not found to be medically necessary, reimbursement for dates of service from 7/31/03 through 11/5/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 8<sup>th</sup> day of October 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo  
Enclosure: IRO Decision

September 28, 2004

Texas Workers Compensation Commission  
MS48  
7551 Metro Center Drive, Suite 100  
Austin, Texas 78744-1609

**NOTICE OF INDEPENDENT REVIEW DECISION**  
**Amended Letter**

**RE: MDR Tracking #: M5-04-3416-01**  
**TWCC #: \_\_\_\_**  
**Injured Employee: \_\_\_\_**

**Requestor: Eric A. VanderWerff, D.C.**

**Respondent: JC Penny Corp. c/o Flahive Ogden & Latson**

**MAXIMUS Case #: TW04-0355**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS 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 MAXIMUS for independent review in accordance with this Rule.

MAXIMUS 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 MAXIMUS external review panel who is familiar with the 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 MAXIMUS 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 MAXIMUS for independent review. In addition, the MAXIMUS 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 female who sustained a work related injury on \_\_\_\_\_. The patient reported that while at work she fell injuring her back, right hip and right shoulder. The patient was evaluated by the company doctor where she underwent x-rays of the injured areas and was returned to work the same day. The patient presented to the treating chiropractor's office 3 days later where she began treatment that consisted of chiropractic manipulations, passive modalities, neuromuscular reeducation, cervical traction, myofascial therapy and active strengthening and stabilizing exercises. A MRI performed on 12/10/02 indicated exaggerated lordosis, horizontal orientation to the sacrum, minimal bulge present at L5-S1, facet joint hypertrophy at L5-S1 and no canal stenosis or foraminal encroachment at any level. The diagnoses for this patient have included acute lumbosacral strain, right AC joint arthritis, and right sacroiliac joint strain. Treatment for this patient's condition has included manipulations, joint mobilization, myofascial release, therapeutic exercises, neuromuscular reeducation, manual therapy and mechanical traction.

#### Requested Services

Office visits with manipulations, joint mobilization, myofascial release, therapeutic exercises, neuromuscular reeducation, chiropractic manipulations, manual therapy and mechanical traction from 7/31/03 through 11/5/03.

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

*Documents Submitted by Requestor:*

1. No documents submitted

*Documents Submitted by Respondent:*

MRI report 12/10/02

2. Impairment Rating 6/16/03
3. Daily Notes 3/3/03 – 5/8/03
4. Electrodiagnostic Studies/Lower Extremities report 1/16/03
5. Treatment Plan 11/21/02

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The MAXIMUS chiropractor reviewer noted that this case concerns a 54 year-old female who sustained a work related injury to her back, right hip and right shoulder on \_\_\_\_\_. The MAXIMUS chiropractor reviewer also noted that the diagnoses for this patient have included acute lumbosacral strain, right AC joint arthritis, and right sacroiliac joint strain. The MAXIMUS chiropractor reviewer indicated that the patient had been treated with extensive active and passive care for 8 ½ - 9 months and returned to work on 7/23/03. The MAXIMUS chiropractor reviewer noted that the patient was deemed to be at maximum medical improvement on 7/23/03 as well as on 7/4/03. The MAXIMUS chiropractor reviewer indicated that the patient had no referred pain and that her disc bulge did not appear to be causing any radicular findings. The MAXIMUS chiropractor reviewer also indicated that the patient could have been instructed on a home stretching and strengthening program to avoid dependence on the treating doctor. The MAXIMUS chiropractor reviewer explained that there is no supporting documentation that shows why the patient required care beyond 7/31/03. The MAXIMUS chiropractor reviewer also explained that there is no objective or subjective improvement documented beyond 7/31/03.

Therefore, the MAXIMUS chiropractor consultant concluded that the office visits with manipulations, joint mobilization, myofascial release, therapeutic exercises, neuromuscular reeducation, chiropractic manipulations, manual therapy and mechanical traction from 7/31/03 through 11/5/03 were not medically necessary to treat this patient's condition.

Sincerely,  
MAXIMUS

Elizabeth McDonald  
State Appeals Department