

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

SOAH DOCKET NO. 453-05-3218.M5

MDR Tracking Number: M5-04-4155-01

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 8-8-04.

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 office visits, massage and aquatic therapy from 3-23-04 through 3-29-04 were not medically necessary.

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 3-23-04 through 3-29-04 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19TH day of November 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da
Enclosure: IRO decision

September 10, 2004

DONNA AUBY
TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M5-04-4155-016
CLIENT TRACKING NUMBER: M5-04-4155-01/5278

AMENDED REVIEW

Medical Review Institute of America (MRloA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRloA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRloA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRloA for independent review.

Records Received:

Records received from South Coast Spine & Rehab

Information from South Coast Spine & Rehab to Medical Review Institute of America dated 9/9/04 – 10 pages

Initial evaluation from First RIO Valley Medical dated 4/9/03 – 5 pages

Interim report dated 3/23/04 – 3 pages

MRI of the left wrist report dated 5/6/03 – 1 page

MRI of the cervical spine report dated 12/10/03 – 2 pages

MRI of the lumbar spine report dated 12/10/03 – 3 pages

Copies of the MRI lumbar spine imaging dated 11/18/03 – 1 page

MRI report dated 11/18/03 – 1 page

MRI of the left wrist report dated 5/6/03 – 1 page

Office visit record dated 3/24/04 – 6 pages

Office visit record dated 3/25/04 – 6 pages

Office visit record dated 3/29/04 – 6 pages

Texas Workers' Compensation Work Status Report dated 3/23/04 – 1 page

Follow-up note dated 2/17/04 – 1 page

Records received from Texas Workers' Compensation Commission

Notification of IRO Assignment dated 9/2/04 – 2 pages

Medical dispute resolution request form dated 8/6/04 – 2 pages

Table of disputed services dated 3/23/04 to 3/29/04 – 1 page

Explanation of Benefits – 4 pages

Letter from Texas Workers' Compensation Commission to South Coast Spine & Rehab dated 9/2/04 – 1 page

Summary of Treatment/Case History:

The patient was involved in an industrial related injury on ___ at ____. The patient was sitting on the bottom bleachers taking a senior class picture when some of the students fell on top of her. The patient initially began chiropractic intervention on 4/9/03 and completed a course of care. It would appear that the patient has undergone treatments involving aquatic therapy, massage, and physical medicine. The patient presented back to Robert Howell, D.C., the treating provider, on 3/23/04 because of an exacerbation of the original condition due to "rainy weather".

Dr. Howell noted an exacerbation and utilized 90 minutes of aquatic therapy and 30 minutes of massage for six sessions.

Questions for Review:

1. Are six treatments for office visits, massage (#97124) and aquatic therapy (#97113) from 3/23/04 through 3/29/04 medically necessary?

Explanation of Findings:

1. Are six treatments for office visits, massage (#97124) and aquatic therapy (#97113) from 3/23/04 through 3/29/04 medically necessary?

In my opinion the mechanism of exacerbation, rainy weather, does not appear to be a complicating factor which would warrant additional treatment in this case.

It would also appear that the patient has failed to respond to conservative intervention and no additional conservative intervention would be considered due to lack of efficacy.

Conclusion/Decision to Not Certify:

It would also appear that the patient has failed to respond to conservative intervention and no additional conservative intervention would be considered due to lack of efficacy. Therefore, treatments from 3/23/04 through 3/29/04 are considered not medically necessary and cannot be recommended.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

(Haldeman, S., Chapman – Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen Publication, chapter 8, section IV on recommendations, Leonard D., No. 2 and No. 5.

References Used in Support of Decision:

American Chiropractic Association – [HTTP://www.apta.org](http://www.apta.org)

The physician providing this review is a Doctor of Chiropractic. The reviewer is national board certified in Physiotherapy and is certified in Acupuncture. The reviewer is a member of the American Academy of Disability Evaluating Physicians (AADEP) and is on the approved doctor list for the Texas Worker’s Compensation Commission. The reviewer has been in active practice for 12 years.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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