

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

**SOAH DOCKET NO. 453-05-1697.M5**

MDR Tracking Number: M5-04-4165-01

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 August 30, 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 therapeutic exercises, office visits, and massage therapy 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 treatment therapeutic exercises, office visits, and massage therapy were not found to be medically necessary, reimbursement for dates of service from 4/13/04 through 5/13/04 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 1, 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

September 28, 2004

**Re: IRO Case # M5-04-4165**

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) 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 Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy 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 Envoy 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 Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

#### Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Report of chronological order of case management
4. Initial D.C. examination report 1/26/04
5. Interim D.C. examination report 4/13/04
6. Final D.C. examination report 5/14/04
7. Radiology report lumbar spine 1/27/04
8. Radiographic biomechanical report 1/27/04
9. FCE reports 1/27/04, 4/13/03, 5/13/04
10. D.C. office visit notes
11. TWCC work status reports

#### History

The patient injured her low back in \_\_\_ when she caught the heel of her shoe on an uncovered pipe and fell, catching herself and hurting her back. The patient initially saw her treating chiropractor on 1/26/04.

#### Requested Service(s)

Therapeutic exercises, office visits, massage therapy 4/13/04 – 5/13/04

Decision

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

Rationale

The patient received an adequate trial of chiropractic treatment prior to the dates in dispute with very little change in her subjective complaints and objective findings. The patient's VAS initially was 8/10, and after 2 ½ months of treatment it was still 6/10. The patient's VAS decreased to 4/10 during the disputed dates of service, but her pain was noted as being frequent, which was 50% - 75% of her time awake.

Treatment was not cost effective, as the therapeutic exercises in dispute were very simple and the patient could have performed them as part of a home exercise program. A home based exercise program would have been appropriate for the patient during the disputed period. It is noted that the patient returned to work on 1/28/04 "with only one minor restriction" listed on Part III of the 1/27/04 TWCC Work Status Report, which limited bending/stooping at work.

The documentation provided for this review did not describe the type of massage therapy performed, and the D.C. notes did not show objective, quantifiable findings to support this type of therapy.

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