

THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-05-4352.M5

MDR Tracking Number: M5-05-0888-01

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 11/15/04.

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, mechanical traction therapy, chiropractic manipulative treatment, diathermy treatment, physical medicine procedure, massage therapy, therapeutic exercises, group therapeutic procedures, physical performance test (muscle testing), and range of motion measurements 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, mechanical traction therapy, chiropractic manipulative treatment, diathermy treatment, physical medicine procedure, massage therapy, therapeutic exercises, group therapeutic procedures, physical performance test (muscle testing), and range of motion measurements were not found to be medically necessary, reimbursement for dates of service from 11/12/03 through 12/18/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20th day of January 2005.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PRD/prd

Enclosure: IRO Decision

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IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 19, 2005

Re: IRO Case # M5-05-0888-01

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, Rule 133.308 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 in 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 services
2. Explanation of benefits
3. Peer reviews from Consiliummd
4. Employers first report of injury
5. Initial narrative report Dr. Wyatt 6/13/03
6. SOAP notes Dr. Wyatt
7. Therapeutic charts Dr. Wyatt
8. DeLorme testing charts Dr. Wyatt
9. Subsequent narrative reports Dr. Wyatt
10. TWCC work status reports
11. Right hip ROM reports Dr. Wyatt
12. Thoracic and lumbar ROM reports Dr. Wyatt
13. Cervical spine ROM reports Dr. Wyatt
14. Report Dr. Mackey 10/9/03

15. Report Dr. Berliner 10/20/03
16. MRI and radiology reports

17. Report from Dr. Light 8/22/03
18. Electrodiagnostic test report 8/22/03
19. Bona fide job offer T.A.D. 4/10/03
20. RME Dr. O 3/16/04
21. Reports Dr. Suchowiecky
22. Report of medical evidence relied upon to form basis of medical opinions
23. Annotated bibliography 2004 report
24. Report TCA quality standards

History

The patient injured her neck, back, right shoulder and right hip in ___ when she fell against a cart and fell to the floor. She initially saw her treating D.C. on 6/13/03. MRIs and a CT scan have been obtained. The patient has been treated with injections, medication, chiropractic care, and therapeutic exercise.

Requested Service(s)

Office visits, mechanical traction therapy, chiropractic manipulative treatment, diathermy treatment, physical medicine procedure, massage therapy, therapeutic exercises, group therapeutic procedures, physical performance test (muscle testing), range of motion measurements 11/12/03 – 12/18/03

Decision

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

Rationale

The patient had an intensive trial of conservative therapy prior to the dates in dispute with no relief of symptoms or improved function. Her VAS for pain was initially 7 on 6/13/03 and never changed throughout treatment with the D.C.

On 11/12/03 the patient was noted as saying "there is no improvement in symptoms," and "not noticing much change." This was after almost six months of treatment.

Repeated Dynation and DeLorme testing were not necessary. These tests are usually done to determine the effect of treatment on strength and ROMs. The D.C.'s treatment was failing and he continued to perform these expensive tests, yet based on the records provided for this review, the D.C. never changed his treatment protocol based on the findings from these tests. Failed conservative treatment does not establish a medical rationale for continued non-effective therapy.

The services in this dispute took place some five months after treatment was initiated by the D.C. The records provided for review do not support any functional improvement, pain relief, progression of rehabilitation program, or a move toward self-directed care. There had been no improvement in strength, range of motion or function that justified continued treatment for the dates in dispute. There was no demonstrated benefit from therapy that would establish a medical rationale for its necessity.

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

Daniel Y. Chin, for GP

