

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. This dispute was received on 12-27-04.

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 therapeutic exercises, massage therapy, gait training and neuromuscular re-education from 8-19-04 through 9-15-04 were not medically necessary. Therefore, the requestor is not entitled to a reimbursement of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 2-23-05 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Neither the carrier nor the requestor provided EOB's for CPT code 97124 for date of service 8-24-04. The requestor did not provide convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B). **Recommend no reimbursement.**

This Finding and Decision is hereby issued this 17<sup>th</sup> day of March 2005.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO Decision

**IRO Medical Dispute Resolution M5 Retrospective Medical Necessity  
IRO Decision Notification Letter**

Date: 2/18/05  
Injured Employee:  
MDR : M5-05-1251-01  
TWCC #:  
MCMC Certification #: 5294

DETERMINATION: Denied

Requested Services:

Please review the item in dispute regarding 97110-therapeutic exercises; 97124-massage therapy; 97116-gait training; 97112-neuromuscular re-education.

Denied by carrier for medical necessity with "U" codes.

Dates of service in dispute: 08/19/2004 to 09/15/2004

No explanation of benefits for 97124 DOS 08/24/2004. Please do not review this item.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that was selected by The Texas Workers' Compensation Commission to render a recommendation regarding the medical necessity of the above Requested Service.

Please be advised that a MCMC Physician Advisor has determined that your request for M5 Retrospective Medical Dispute Resolution on 1/12/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The medical necessity for the list of services referenced above, on the above captioned dates of service, is not established upon review of the available documentation.

This decision is based on:

- TWCC Notification of IRO Assignment dated 1/12/05
- TWCC MR-117 dated 1/12/05
- TWCC-60 stamped received 12/27/04
- Corvel Explanation of Review for DOS 8/19/04 to 9/15/04
- Harris and Harris: letter to MCMC dated 2/1/05
- Chubb Insurance: Health Insurance Claim forms for DOS8/19/04 to 9/15/04
- Dorothy Leong, MD: review of medical records dated 6/26/04

Records indicate that the above captioned individual, a 34-year-old female, was allegedly injured as a result of an occupational incident. The history reveals that on or about \_\_\_\_, the above captioned individual tripped on a pallet jack and landed on her left hand and hip areas. X-rays were negative for significant pathology and medication management was employed. A follow-up visit was attended on 05/07/2004 during which the injured individual reported no pain and wanted to go back to work. On 05/18/2004, some 11 days later, the injured individual presented to the office of the Attending Provider (AP) complaining of neck, mid and low back pain with left hand/thumb pain. An MRI was ordered, date unknown, which reportedly indicated disc pathology at L3-S1 disc levels. MRI of the left shoulder showed lesions and/or tendonosis as well. The injured individual was placed on an off-work status as of 06/04/2004

The documentation fails to establish the medical necessity of the care referenced above over the dates of service in question: 08/19/2004 to 09/15/2004. Specifically, the AP apparently submitted no pertinent documentation for review. There is no initial examination reflected in the documentation as well as regular, subsequent

re-examinations to ascertain if continuing objective progress was achieved and documented. Furthermore, in the absence of supporting documentation, it is difficult at best to determine the work relatedness of the complaints and treatments to the spine. This injured individual apparently had initial complaints to the hand and hip on \_\_\_ and did not report any complaints to the spine until 05/18/2004. Even if it were opined that the care to the spine, administered by the current AP, was medically necessary and causally related to the injury of \_\_\_, there is no supporting documentation to establish the medical necessity of continuing care as of 08/19/2004 through 09/15/2004. The clinical significance of the MRI findings to the lumbar spine is unknown in regards to mass effect or neural compromise. As of 08/19/2004, the injured individual had undergone at least three months of conservative chiropractic care. This course of care would meet or exceed most standards of care and practice within the chiropractic practice for the care and treatment of non-complicated soft tissue injuries. Without objective evidence of ongoing therapeutic benefit in response to the care provided, additional care from 08/19/2004 and beyond is not warranted.

In light of the issues raised in the above discussion, the course of care captioned above is not certified as medically necessary.

The reviewing provider is a Licensed Chiropractor and certifies that no known conflict of interest exists between the reviewing Chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

**In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of TWCC on this**

**18<sup>th</sup> day of February 2005.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_