

MDR Tracking Number: M5-05-1315-01

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 1-6-05.

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 the therapeutic exercises and ultrasound 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 fees were the only issues involved in this medical dispute. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 1-6-04 to 3-11-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 25th day of March 2005.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

Enclosure: IRO Decision

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IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 28, 2005

Re: IRO Case # M5-05-1315-01 amended 2/14/05 due to incorrect assignment sheet

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, 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. Summary report 2/11/05
4. Multiple reviews Consiliumed
5. Letter of medical necessity 11/29/04 Dr. Avey
6. MDR request Dr. Avey 2/17/05
7. Reports Dr. Laughlin
8. Report 1/31/04 Dr. Edwards
9. TWCC employers first report of injury
10. Initial report 11/25/03 Dr. Kicinski
11. FCE reports 1/26/04, 3/15/04
12. Exercise sheets Dallas Rehab
13. Daily therapy notes Rehab 2112
14. Daily treatment notes and exam forms Rehab 2112
15. Medication report

16. TWCC work status reports
17. Workout program notes Rehab 2112

History

The patient injured his low back in ___ when he attempted to catch a 27” television to prevent it from falling. X-rays, an MRI, and electrodiagnostic testing were performed. The patient has been treated with trigger point injections, physical therapy, therapeutic exercise and chiropractic treatment.

Requested Service(s)

Therapeutic exercises, ultrasound 1/6/04 – 3/11/04

Decision

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

Rationale

The patient had an intensive trial – about 30-35 therapeutic dates of service prior to the dates in dispute – of therapeutic exercises and passive care. The records provided for this review fail to show any lasting relief of symptoms or improved function with ongoing care. Temporary relief of symptoms is not equivalent to relieving the effects of the patient’s injury. The records provided fail to show any improvement in objective function and subjective complaints for the dates in dispute. Maximal benefit from the D.C.’s care plateaued in a diminished state prior to the dates in dispute. The continued use of failed conservative therapy does not establish a medical rationale for additional non-effective therapy such as the services in this dispute. No flare ups or aggravations were documented to support the need for continued therapy from the D.C. If additional circumstances are present, documentation must support medical necessity. The records provided fail to show objective benefit to dispute the disputed services and establish medical necessity. Based on the records provided, treatment was over utilized and inappropriate. Release to a home-based exercise program would have been medically appropriate well before the dates in dispute.

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

Daniel Y. Chin, for GP