

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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. There office visit (3/5/02), aquatic therapy (3/6/02), electrical stimulation (3/5/02, 3/6/02, 3/13/02) and therapeutic exercise (3/5/02 3/13/02) were found to be medically necessary. The therapies including myofascial release, therapeutic activities and group therapeutic procedures were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these work hardening charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 3/5/02 through 3/13/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 30<sup>th</sup> day of January 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

November 1, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M5-03-0028-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed physical therapist. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

This 30-year-old female patient sustained a back injury with sciatica on \_\_\_ while lifting and turning. Her acute medical management is unclear, however, in July 2001 \_\_\_ patient underwent a C4 discectomy.

On February 28, 2002 her physician, \_\_\_, saw \_\_\_ for a follow-up. At that time she continued to complain of back pain. \_\_\_ referred her for physical therapy three times weekly for a period of four weeks to be followed by a functional capacity evaluation.

\_\_\_ began physical therapy on March 5, 2002. She attended three of the 12 prescribed visits. Physical therapy progress notes do indicate the patient's condition was responding to the intervention. Mobility was improved and pain reports were decreasing. Physical therapy was discontinued after three visits due to the patient's inability to make the appointments.

Medications included Oxycontin, Flexeril, Zanaflex, Hydro-codine, and Lortab.

## DISPUTED SERVICES

The items in dispute are therapeutic activities, office visits, myofascial release, electrical stimulation, aquatic therapy, and group therapeutic procedures.

## DECISION

The reviewer both agrees and disagrees with the prior adverse determination.

## BASIS FOR THE DECISION

Services that the review found to be necessary:

- The office visit of 3/5/02
- Aquatic therapy 3/6/02
- Electrical stimulation 3/5/02, 3/6/02, 3/13/02
- Therapeutic exercise 3/5/02, 3/13/02

Services that the reviewer found not to be medically necessary

- Myofascial release 3/5/02, 3/6/02, 3/13/02
- Therapeutic activities 3/5/02
- Group therapeutic procedures 3/6/02, 3/13/02

Upon review of the documentation provided and based upon current standards of practice (including the APTA Guide to Physical Therapy Practice and the American Academy of Orthopedic Surgeons), not all services provided were medically necessary.

**Office Visit:** In order for the physical therapist to establish a baseline to determine patient progress, an initial office visit is necessary for the purpose of determining medical and subjective history, current status, and objective measures of function. The therapist will also use this information to determine appropriate goals and rehabilitation potential.

**Therapeutic Exercise and Aquatic Therapy:** Aquatic therapy is used for rehabilitation of back injuries and/or for post-surgical rehabilitation due to the unique nature of the exercise in allowing for unloading onto the intervertebral discs from the water. It allows patients that would not be able to tolerate land-based exercise to begin gradual flexibility and strengthening without increasing intervertebral disc pressure and pain. The patient will normally advance from the aquatic therapy to land-based therapeutic exercises as the pain decreases and physical abilities increase. Back flexibility and/or stability exercise and strengthening exercises are essential in rehabilitation of the patient with back pain.

**Electrical Stimulation:** Passive physical therapy that includes electrical stimulation is reasonable for treatment provided the patient shows improvement following intervention. Electrical stimulation is used primarily to manage pain and improve soft tissue extensibility. In this case, \_\_\_ pain reports were decreasing.

Myofascial Release: Myofascial Release is aimed at relieving constrictions and adhesions in fascia and is often used in treating chronic pain. It is generally used for relieving restrictions in movement. Physical therapy notes of 3/5/02 indicate the patient to have hyper-mobility in the L3 vertebra and the lumbar spine, which would be a contraindication for myofascial release that is used to increase mobility.

Group Therapeutic Procedures and Therapeutic Activities: Documentation does not support group therapeutic procedures or therapeutic activities. Based on the review of the documentation provided, this patient does not appear to be a good candidate for a group procedure. It is unclear what, if any, group activity the patient participated in.

In general, the lack of supportive documentation for the services rendered makes it difficult to find medical necessity for the services provided.

As an officer of \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,