

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

SOAH DOCKET NO. 453-03-4678.M5

MDR Tracking Number: M5-03-0262-01

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 physical therapy rendered from 4-18-02 to 7-5-02 denied based upon "U" were found to be medically necessary.

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(r)(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 not the only issue** 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 May 28, 2003, 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.

The requestor did not submit medical records to support disputed services rendered on 7-8-02 that were denied without an EOB. Therefore, reimbursement for these services is not recommended.

This Decision is hereby issued this 18th day of July 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

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 Decision is applicable to dates of service 4-18-02 through 7-8-02 in this dispute.

This Order is hereby issued this 18th day of July 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

May 21, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0262-01
IRO Certificate #:IRO 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in family practice which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 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 this case.

Clinical History

This patient sustained an injury to his lower back on ___ while unloading a 70-inch television using a dolly. He had to bend down and immediately felt a pop in his lumbar region and pain radiating down into his buttock and right leg. He has undergone conservative therapies such as pain medications and muscle relaxants, physical therapy, and lumbar epidural steroid injections. An MRI from 06/13/02 as well as the CT post-myelogram reveals some mild bulging discs but no significant foraminal or central canal stenosis. An electromyography (EMG) study dated 07/17/02 revealed an irritation of L5-S1 motor roots on the left.

Requested Service(s)

Physical therapy sessions from 04/18/02 through 07/08/02

Decision

It is determined that the physical therapy sessions from 04/18/02 through 07/08/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Physical therapy is essential to aid in range of motion, strengthening, and pain reduction after an acute injury. The bulging discs and possible disruption of the integrity of the disc are all helped by physical therapy and conservative management. As long as a physician supervises the physical therapy activities on a two to four weekly basis with undated progress reports, the physical therapy should be allowed. Therefore, the physical therapy sessions from 04/18/02 through 07/08/02 were medically necessary.

Sincerely,