

MDR Tracking Number: M5-03-0419-01

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 or **January 1, 2003** and Commission Rule 133.305 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 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 disputed services 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 Division has determined that the medical necessity fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 2-1-02 through 2-15-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of May 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

April 28, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-0419-01
IRO Certificate No.: 5055

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This female claimant sustained a work-related knee injury on _____. Invasive applications that included surgery were employed on 06/14/02. Conservative applications, including aquatic therapy (sterile whirlpool), physical therapy, office visits, phonophoresis and supplies were utilized from 02/04/02 through 10/29/02.

Disputed Services:

Services and treatments as follow during the period of 02/10/02 through 02/15/02:

- office visits
- physical therapy
- phonophoresis
- supplies
- sterile whirlpool.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the office visits and treatments in question were not medically necessary in this case.

Rationale for Decision:

Aquatic programs have been shown to be beneficial to patients that fail to thrive in a land-based rehabilitation program. Such programs are usually time-limited, control trials utilizing the aquatic medium to progress to land-based (loaded) protocols as soon as possible. It is not apparent from the medical records provided whether the provider activated this primary goal.

Given the patient's age and surgical applications, it is reasonable to place her in an aquatic-based program to load post-surgical tissues in a safe and effective manner. However, it is unclear from the medical records provided why the provider chose to keep the patient in an aquatic environment from 02/10/02 through 02/15/02, and on numerous other occasions.

The provider's utilization of aquatic modalities is abnormal for any rehabilitation professional, without qualitative and quantitative documentation supporting the need for continued unloaded rehabilitation models. No documentation supporting the efficacy of

the trials between 02/10/02 through 02/15/02, has been made available for this review.

The aforementioned information has been taken from the following references and guidelines of clinical practice:

- *Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice*. Washington State Chiropractic Association; 2001, 54 p.
- Templeton, M.S., et al., *Effects of Aquatic Therapy on Joint Flexibility and Functional Ability in Subjects with Rheumatic Disease*. Journal of Orthopedic and Sports Physical Therapy, Vol. 23, No. 6, June 1996, pp. 376-381.
- Charness, A.L. *Waterworks: Aquatic Environment Enhances Therapy for Rheumatic Conditions*. Biomechanics, August 1997, pp. 77-80.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,