

MDR Tracking Number: M5-03-0454-01

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 IRO determined that the therapeutic exercises were medically necessary. However, the massage therapy and electrical stimulation were not medically necessary. The amount due for the medically necessary services exceed that of those services found not medically necessary. Therefore, 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. The therapeutic exercises were medically necessary. However, the massage therapy and electrical stimulation were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Decision is hereby issued this 23rd day of December, 2002.

Noel L. Beavers
Medical Dispute Resolution Officer

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 2/1/02 through 3/21/02 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 23rd day of December 2002.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

December 16, 2002

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-03-0454-01
IRO Certificate #: IRO 5055

Dear Ms. Lopez:

___ 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 Board Certified in Pain Management.

Clinical History:

This male claimant was injured on his job on ____. He underwent an IDET procedure on 12/19/01, after which he was referred for physical therapy. He was originally seen for physical therapy on 01/28/02 and then for 24 subsequent visits. Physical therapy consisted of therapeutic exercises, massage therapy, and electrical stimulation. The patient was discharged from physical therapy as of 03/21/02, with recommendation of continued home exercise programs independently.

Disputed Services:

Therapeutic exercises, massage therapy and electrical stimulation.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that the therapeutic exercises in question were medically

necessary. The reviewer is of the opinion that massage therapy and electrical stimulation was not medically necessary in this case.

Rationale for Decision:

It is medically appropriate, reasonable and necessary for therapeutic exercises and spinal stabilization exercises for patients who have undergone the IDET procedure. Protocol for post-IDET physical therapy describes progressively increasing spinal stabilization exercises. This protocol does not, however, include any recommendation or necessity for massage therapy or electrical stimulation, which are passive modalities.

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,