MDR Tracking Number: M5-03-0510-01

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 (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 office visits, aquatic therapy and therapeutic procedures 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 office visits, aquatic therapy and therapeutic procedures 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 12/26/01 to 4/16/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6th day of March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

February 18, 2003

Re: Medical Dispute Resolution
MDR #: M5.03.0510.01
IRO Certificate No.: IRO 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 suffered lower back, left knee and right arm pain in an on-the-job injury on ___.

Disputed Services:
Office visits and aquatic and therapeutic procedures from 12/26/01 through 04/16/02.

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

Rationale for Decision:
Careful review of the medical records indicates that the care provided was not medically necessary. The over-utilization of passive and active therapies so long after the initial injury date resulted in very little benefit, with marked low pain scales following each appointment.

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,