MDR Tracking Number: M5-03-0612-01

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 therapeutic exercises 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 therapeutic exercise 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 6/17/02 to 6/28/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22nd day of April 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

January 14, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0612-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and

written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is board certified in physical and rehabilitative medicine. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 51 year-old male who sustained a work related injury on ___. The patient received physical therapy thereafter. The patient had 2 days of work conditioning, then received further physical therapy 6/17/02 through 6/28/02.

Requested Services

Therapeutic exercises from 6/17/02 through 6/28/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

___ physician reviewer indicated that the medical information available on this patient is limited. ___ physician reviewer noted that per a physical therapy letter dated 6/17/02 the patient's pain increased and that the patient received physical therapy 2 times a week. ___ physician reviewer also noted that the patient's activity level increased, however the patient reported the pain level had not changed. ___ physician reviewer explained that the available records do not substantiate the need for physical therapy. Therefore, ___ physician consultant concluded that the therapeutic exercises from 6/17/02 through 6/28/02 were not medically necessary to treat this patient's condition.

Sincerely,