

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

SOAH DOCKET NO. 453-03-4464.M5

MDR Tracking Number: M5-03-1210-01

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 Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of 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 ultrasound therapy and therapeutic exercises/activities were found to be medically necessary. The physical performance tests, electrical stimulation and NCV were not medically necessary in this case. The respondent raised no other reasons for denying reimbursement for these ultrasound therapy and therapeutic exercises/activities charges.

This Finding and Decision is hereby issued this 9th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

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 7/12/02 through 9/27/02 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 9th day of July 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

July 2, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-1210-01
IRO Certificate No.: 5055

___ 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 Physical Medicine and Rehabilitation.

Clinical History:

This 35-year-old female claimant injured her shoulders, arms, lower back and legs in a work-related accident on ____. She also describes specific bilateral arm tingling, elbow and knee pain, and hand swelling. She experiences numbness in both legs and feet.

Disputed Services:

Physical performance tests, ultrasound therapy, therapeutic exercises and activities, electrical stimulation, and NCV during the period of 07/12/02 through 09/27/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that ultrasound therapy and therapeutic exercises and activities were medically necessary. Physical performance tests, electrical stimulation and NCV were not medically necessary in this case.

Rationale:

Specifically, considering that the patient likely does have radiculitis as demonstrated on MRI on 08/22/02, and some aspect of myofascial/discogenic pain, she certainly deserves a trial of ultrasound physical therapeutic modality to enhance her therapeutic exercises and activities. Electrical stimulation can also be argued as appropriate and standard of care for a patient suffering from her demonstrated MRI findings and clinical complaints.

The nerve conduction velocity testing appeared to be incomplete and Repeated numerous times without electromyographic needle examination. Considering the manner in which these tests were performed and the current accepted American Association of Electrodiagnostic Medicine's guidelines, these tests are inadequate and excessive. To perform repeated sensory testings and nerve conduction studies in isolation do not provide useful information to the therapeutic algorithm.

The physical performance tests appear to be excessive as well, and could have been accomplished with more abbreviated, straightforward, range-of-motion, muscle manual testing, as well as simple goniometer measurements that can be performed in any office setting.

One may consult the medical literature, specifically, the American Association of Electrodiagnostic Medicine's many monographs concerning radiculopathy and electrodiagnostic testing thereof. The authors that may also be cited as reference for radiculopathy electrodiagnostic testing are ___ and _____.
One may also find helpful information per _____.

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,