

MDR Tracking Number: M5-03-1279-01

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, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 office visits and physical therapy from 2/4/02 through 3/11/02 were found to be medically necessary. The office visits and physical therapy rendered from 3/13/02 through 4/15/02 were not found to be medically necessary. Dates of service 4/17/02 and 4/19/02 were withdrawn by the requestor. The respondent raised no other reasons for denying reimbursement for these office visit and physical therapy charges.

This Finding and Decision is hereby issued this 23rd day of May 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 2/4/02 through 4/19/02 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 May 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/cl

May 20, 2003

Re: MDR #: M5-03-1279-01
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 Certified in Chiropractic medicine.

Clinical History:

The patient injured his left arm on ____. A treatment program was begun. An MRI was performed which showed significant problems. Additional physical therapy, home exercises, and an injection were performed, as well as appropriate medications. He continued to have problems that necessitated surgery on 01/25/02.

Disputed Services:

Office visits and physical therapy from 02/04/02 through 04/15/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier in this case. Office visits and physical therapy from 02/04/02 through 03/11/02 were medically necessary. Office visits and physical therapy from 03/13/02 through 04/15/02 were not medically necessary.

Rationale:

The records indicate an examination was performed on 02/04/02, with the recommendation of a post-surgical rehabilitation program utilizing passive as well as active therapies three times a week. This program continued until a re-examination was performed on

03/11/02. The daily treatment records clearly indicate that on 02/04/02, with the patient's subjective symptoms on a scale from 1 to 10, he rated his pain as an 8. ON 03/11/02, he rated his subjective symptoms of pain, on a scale from 1 to 10, as an 8. During the course of treatment, the patient's pain scale fluctuated to as high as a 10 but never got lower than a 7. The remaining daily patient records reveal, on 03/13/02, on a pain scale from 1 to 10, between a 9 and 10; and all the way to 04/15/02, the patient rated his pain scale as a 9. These numbers are consistent with each date of service, and only on one occasion does the patient's pain level drop below a 9.

It is reasonable, usual, customary and medically necessary for the patient to undergo a post-surgical rehabilitation program for a reasonable length of time, i.e. from 02/04/02 through 03/11/02. Such as the case in this patient's injury. However, given the fact that the patient's pain level remains virtually unchanged after the initial treatment period, there was no clinical justification for continuation of essentially the same therapeutic program from 03/13/02 through 04/15/02.

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,