

MDR Tracking Number: M5-03-1302-01

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 aquatic sessions times 12 were found to be medically necessary. The remaining treatment, including office visits, therapeutic activities and neuromuscular reeducation were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these aquatic session charges.

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 7/30/02 through 8/27/02 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 Decision is hereby issued this 5th day of June 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division
CRL/crl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 1, 2003

Re: IRO Case # M5-03-1302

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Anesthesiology and Pain Management. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The records presented for this review were incomplete, but this patient has had back and leg pain since a ___ injury. Lumbar surgery was performed on 8/29/01. Post surgical rehabilitation was not completed because of increased pain. Aquatic physical therapy was recommended. Sixteen sessions were performed between 7/29/02 and 8/27/02, with little improvement in pain. Lumbar surgery was re-done on 2/28/03.

Requested Service(s)

Office visits, aquatic therapy, therapeutic activities, neuromuscular reeducation

Decision

I agree in part and disagree in part with the carrier's decision to deny the requested treatment.

Rationale

The records presented for this review are brief and incomplete, but from the documentation provided aquatic therapy for this patient would be reasonable and necessary up to 12 sessions in a 30 day period. The records presented do not document the necessity of more than 12 sessions of aquatic therapy or the necessity of the other disputed treatment.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,