

MDR Tracking Number: M5-03-1311-01

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, 2003 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 and physical therapy 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 and physical therapy 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 4/18/02 to 6/17/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 8th day of April 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

April 3, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5-03-1311-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical

records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Physical Medicine and Rehabilitation. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

On ___, ___ slipped and fell while walking in the street and strained her inguinal areas. She was seen by her primary care physician the same day and returned to work full duty. However, she subsequently developed diffuse musculoskeletal pain in her neck, back, upper and lower extremities which became disabling. She was taken off work.

The patient was treated with physical therapy from 3/6/02 through 4/16/02 (18 sessions) that included passive modalities and therapeutic exercise including aquatic exercises. She was referred to an orthopedic surgeon on 4/19/02 for persistent neck, low back and right shoulder pain. She was continued on the aquatic exercise and passive modalities (electrical stimulation and myofascial release) from 4/18/02 through 6/17/02. She remained off work.

___ was seen by a physiatrist on 7/25/02 on 7/25/02 and reported that physical therapy made her more sore and further therapy was deferred. She had multiple MRIs and EMG/NCV testing that did not show any clinically significant abnormality to account for her pain. It appears that she developed a disabling chronic pain disorder after nonspecific soft tissue strains. As of 1/17/03 she remains off work.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits and physical therapy provided from 4/18/02 through 6/17/02.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

By the latter part of April 2002, this patient had certainly reached the secondary level of care (TWCC Spine Treatment Guidelines). She had not returned to productivity, though she had undergone the normal healing process for her soft tissue strains. Further

diagnostic testing was indicated and was indeed carried out, reinforcing the diagnosis of simple strains. Continuation of passive modalities was not indicated.

In view of the patient's static functional capability after six weeks of aquatic and land-based therapeutic exercise and persistent high pain levels, continuation of aquatic exercise does not appear appropriate in the context of the Spine Treatment Guidelines. If properly instructed, the patient was likely to benefit just as much with a home exercise program. The patient's subsequent clinical course clearly showed the futility of prolonged physical therapy. The likely presence of psychosocial barriers preventing progress in treatment mandated a multidisciplinary approach rather than intensive physical therapy with passive modalities, even with aquatic exercises. Aquatic exercises have not been shown to be superior to conventional land-based therapeutic exercise for the treatment of cervical and lumbar strains.

In conclusion, the office visits and physical therapy provided from 4/18/02 through 6/17/02 are not found to be medically necessary for the appropriate treatment of this patient's injury.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,