

MDR Tracking Number: M5-03-1486-01

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 treatment/services including office visits, somatosensory testing, NCV, H/F reflex study, therapeutic exercises, aquatic thereapy, electrical stimulation and massage therapy was 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 treatment/service including office visits, somatosensory testing, NCV, H/F reflex study, therapeutic exercises, aquatic thereapy, electrical stimulation and massage 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 7/9/02 to 8/1/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 5<sup>th</sup> day of June 2003.

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

June 4, 2003

Rosalinda Lopez  
Texas Workers' Compensation Commission  
Medical Dispute Resolution  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

Re: MDR #: M5-03-1486-01  
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:

This male claimant developed pain in his neck, mid-back, low back, right shoulder, right elbow, and right wrist following a work-related injury on \_\_\_\_. Although the notes are quite voluminous, they are also very repetitive in nature. The treatment notes state the patient was slowly improving, but they also contradict themselves. Each time the patient went in for treatment, the orthopedic testing tends to demonstrate the same positive tests; and, the patient's pain always seemed to go down from a 6 to a 5 on a pain scale of 1 to 10 after his treatment.

Disputed Services:

The following services during the period of 07/09/02 through 08/01/02:

- Office visits
- Somatosensory testing
- Nerve conduction velocity study
- H/F reflex study
- Therapeutic exercises
- Aquatic therapy
- Electrical stimulation
- Massage therapy.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that none of the services in question were medically necessary in this case.

Rationale for Decision:

This patient's MRI scans were positive for lesions of the shoulder and lumbar spine, indicating that he is likely to be predisposed to chronic flare-ups involving episodes of acute pain. The patient was 61 years old at the time of the injury, which also points to a future of a tendency toward recurring pain episodes.

Having the patient on a land-based, as well as an aquatic-based rehabilitation program, is quite extensive in nature at nine months following his injury. Most of these exercises could have been taught to the patient as a part of a home-based rehabilitation program. Typically, water therapy is only necessary when weight-bearing activity is not possible. The nerve conduction studies also seem to be extensive. A TENS unit at home for relief of his chronic pain could have avoided the need for the electrical stimulation used in the doctor's office.

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.