

MDR Tracking Number: M5-03-1519-01

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. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

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 respondent raised no other reasons for denying reimbursement.

DOS	CPT CODE	EOB Denial Code	Reference	Rationale
3-5-02 3-7-02 3-21-02 3-22-02 3-28-02 3-29-02 4-1-02 4-9-02 4-10-02 4-11-02 4-18-02 4-19-02	97113, 6 units 2 units 8 units 8 units 8 units 8 units 8 units 8 units 8 units 8 units 8 units	U	IRO Decision	The IRO deemed that three units of aquatic therapy are medically necessary. Therefore, recommend reimbursement of three units per day for these dates of service, except 3-7-02 and recommend two units as billed. \$52.00 x 3 units x 11 days = \$1,716.00 \$51.00 x 2 units = \$104.00 total reimbursement recommended is \$1,820.00
2/20/02 thru 2-22-02 3-4-02 3-5-02	99204 76800 72110 97265 97122 97035 97032 99212 97530 97112 99213	U	IRO Decision	The IRO determined that 97265, 76800, 72110, 97032, and 97035 were not medically necessary. The IRO determined that 99204, 97122, 99212, 97530, 97112, 99082, and 99213 were medically necessary. Recommend reimbursement of \$105.00 + \$ 35.00 + \$ 30.00 + \$ 35.00 + \$ 35.00 + \$ 48.00 + \$105.00= \$393.00.
TOTAL				The requestor is entitled to reimbursement of \$2,213.00

On this basis, the total amount recommended for reimbursement (\$2,213.00) 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.

The above Findings and Decision are hereby issued this 12th day of May 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$2,213.00 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 2-20-02 through 4-19-02 in this dispute.

This Order is hereby issued this 12th day of May 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dzt

March 25, 2003

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

MDR Tracking #: M5 03 1519 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.

This case was reviewed by a licensed Doctor of Chiropractic. 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

This patient was injured on her job and was found to have a compensable injury in the low back. The patient eventually had 2 lumbar surgeries and records indicate that she did not have active rehabilitation after either surgery. The patient changed doctors from the surgeon to ___ after she did not get better following the 2 surgeries. ___ instituted a program of multiple modalities, active and passive, for a period of about 2 months. Records indicate that there was an extremely aggressive aquatic therapy program, consisting of 2 hours each day. Also included was joint mobilization therapy as well as active rehabilitation in a non-aquatic setting.

DISPUTED SERVICES

The carrier has denied medical necessity of office visits, physical medicine, therapeutic exercises and x-rays from February 20, 2002 through April 19, 2002.

DECISION

The reviewer agrees with the prior adverse determination regarding aquatic therapy in excess of 3 units per day, joint mobilization, X-rays, ultrasound and electrical stimulation. The reviewer disagrees with the prior adverse determination on all other treatment.

BASIS FOR THE DECISION

The treatment rendered with passive treatment was not indicated at the point in time at which the treatment was prescribed. After 2 surgeries, one could expect that some treatment is reasonable, but passive is not likely to be of benefit to the patient after several years of low back pain and 2 failed surgeries. After extensive diagnostics it would not be considered a reasonable and necessary procedure to view the spinal canal by X-ray. Joint mobilization in most cases such as this would be contraindicated and documentation did not justify deviation from such a standard. Aquatic therapy and active treatment was rendered one-on-one and it was appropriate considering the extreme nature of this case. However, the amount of treatment cannot be justified. 2 hours of aquatic therapy for a patient in this condition is excessive. Maximum therapeutic benefit for an active treatment program would certainly come after 3 units of treatment and this file contains no explanation or research which would explain a deviation from a more conservative approach.

___ 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,