

MDR Tracking Number: M5-03-1557-01

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 that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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 physical therapy treatments were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these physical therapy 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 3/8/02 through 4/12/02 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 13th day of, May 2003.

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

May 9, 2003

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

Re: MDR #: M5-03-1557-01
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 Physical Medicine and Rehabilitation.

Clinical History:

This 63-year-old gentleman suffered a right elbow fracture, lumbar compression fracture and pelvic fracture in a work-related accident on _____. Thereafter, the patient underwent two pelvic and two lower back surgeries, and one elbow surgery, all in August 2000. The patient was hospitalized for many months and, reportedly, suffered a stroke with right hemiparesis as a result of his numerous surgeries.

A pain diagram dated 05/01/01, describes achiness over his right elbow and anterior shoulder, as well as his suprapubic region, and along the sacral region. Additionally, the patient reported numbness over his right lateral lower extremity to the level of the fifth toe. He remarked that he has 6/0 pain on visual analog scale.

Disputed Services:

Physical therapy treatments during the period of 03/08/02 through 04/12/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the physical therapy rendered was medically necessary in this case.

Rationale for Decision:

It is clear from the documentation reviewed that the patient has attained a moderate level of improvement in many aspects of both his manual muscle testing and range of motion measurements. The physical therapy received did promote recovery.

The physical therapy was largely centered around therapeutic exercise, strengthening and therapeutic activities described as functional performance intervention.

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,