

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-3983.M5

MDR Tracking Number: M5-03-1906-01

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 or **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 the office visits and physical therapy services 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 medical necessity was the only issue to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 3-14-02 through 4-11-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12th day of June 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division
DZT/dzt

June 10, 2003

Re: MDR #: M5-03-1906-01
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 female claimant was injured on _____. She suffered pain in her lower back and entire right side. She received extensive multi-disciplinary care that included chiropractic, medications, and physical therapy. At the time of the disputed services, the patient was a surgical candidate and would eventually have surgery to her right knee and lumbar spine. Her reported pain scale and symptoms were essentially unchanged from 10/17/00 to 03/14/02.

Disputed Services:

Therapeutic exercises, hot and cold pack therapy, and office visits from 03/14/02 through 04/11/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the treatments and office visits in question were not medically necessary in this case.

Rationale for Decision:

The patient had received extensive treatment for her injuries prior to 03/14/02. Guidelines state that therapies must be effective in progressing the patient toward recovery. The use of physical therapy showed no restorative effect, according to the narratives. The therapeutic exercises had been tried and had failed. These treatments from 03/14/02 to 04/11/02 were redundant since they had been proven to be ineffective.

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,