

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

SOAH DOCKET NO. 453-03-4443.M5

MDR Tracking Number: M5-03-1918-01

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 the 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 the 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 8/7/02 to 9/30/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

July 7, 2003

MDR Tracking #:	M5-03-1918-01
IRO Certificate #:	IRO 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician

reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

Clinical History

This patient sustained a lumbar strain on ___ while trying to pick up a bed stand. The patient attended physical therapy starting 10/17/02 prescribed by his orthopedist. An MRI dated 07/01/02 revealed an annular tear at L2-3 and herniated discs at L4-5 and L5-S1. A CT scan performed on 02/05/03 revealed annular tears at L2-3, L4-5, and L5-S1 and disc herniations at L4-5 and L5-S1. The patient was referred to a pain specialist and received lumbar epidural steroid injections.

Requested Service(s)

Office visits and physical therapy from 08/07/02 through 09/30/02

Decision

It is determined that the office visits and physical therapy from 08/07/02 through 09/30/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This record was difficult to review as the bulk consisted of physical therapy (PT) notes, periodic evaluations, and letters of justification. Only a minimal amount of office visit notes were found. There was no documentation to suggest that the orthopedic physician evaluated the benefit, or lack thereof, of the physical therapy regimen.

It is commonly believed by the orthopedic surgery community that physical therapy can be beneficial, including the passive modalities, if initiated early and continued 8-12 weeks. Periodic monitoring is required to document benefit. It would appear that the patient obtained little of no benefit from the initial PT regimen. Based on the principle of "tried and failed", continuing therapy beyond 08/04/03 cannot be justified on the basis of the limited documentation provided. Therefore, it is determined that the office visits and physical therapy from 08/07/02 through 09/30/02 were not medically necessary.

Sincerely,