

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

SOAH DOCKET NO. 453-03-4463.M5

MDR Tracking Number: M5-03-2041-01

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 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 the physical therapy service 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 5/1/02 to 8/30/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

July 14, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-2041-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 38 year-old male who sustained a work related injury on ___. The patient reported that while at work he was cutting a pipe while standing in a muddy trench. The patient reported that he slipped, twisting his right foot, ankle and low back. The patient reported the he experienced immediate pain. The patient underwent an MRI on 11/12/01 that showed L5-S1 6-7mm protrusion/extrusion to the left, L4-5 a 3mm bulge to the right with some neuroforaminal encroachment, and EMG on 12/3/01 that indicated radiculopathy L4-5 right. The patient was diagnosed with ankle sprain, lumbar disc syndrome, lumbar sprain/strain and radiculopathy. Treatment for this patient's condition has included work hardening, nerve injections, oral pain medications, and individual therapy, biofeedback training and group therapy.

Requested Services

Physical therapy services from 5/1/02 through 8/30/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 38 year-old male who sustained a work related injury to his right ankle and lumbar spine on ___. The ___ chiropractor reviewer also noted that the diagnoses for this patient included right ankle sprain, lumbar disc syndrome, lumbar sprain/strain and radiculopathy. The ___ chiropractor reviewer further noted that treatment for this patient's condition included work hardening, nerve injections, oral pain medications, biofeedback training, individual therapy and group therapy. The ___ chiropractor reviewer explained that the patient had

previously been treated with rehabilitation for about a year prior to 5/1/02. The ___ chiropractor reviewer also explained that the patient did not make sufficient progress with this treatment to substantiate continued treatment. Therefore, the ___ chiropractor consultant concluded that the physical therapy services from 5/1/02 through 8/30/02 were not medically necessary to treat this patient's condition.

Sincerely,

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