

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

SOAH DOCKET NO. 453-04-0079.M5

MDR Tracking Number: M5-03-2088-01

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 hot/cold packs, myofascial release, therapeutic procedures, joint mobilization, ultrasound and massage 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 hot/cold packs, myofascial release, therapeutic procedures, joint mobilization, ultrasound and massage 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 6/3/02 to 7/17/02 is denied and the Division declines to issue an Order in this dispute.

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

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

July 28, 2003

Re: MDR #: M5-03-2088-01
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 Board Certified in Physical Medicine and Rehabilitation.

Clinical History:

This 48-year-old female claimant was injured on her job on _____. She underwent x-rays of her upper trunk; however, no details of the radiologists' impressions of these films and of what specific anatomy was x-rayed was made available for review. The patient's symptoms, as detailed by physical therapy notes, are centered over two areas as of the initial assessment on 04/18/02:

(1) T-2 sharp localized and stabbing pain, and (2) lower back pain, localized over her bilateral ischial tuberosities described as burning. By report, the patient's pain overall increases with activity, as well as stress and fatigue.

The patient demonstrates no evidence of neurologic compromise per the physical therapy notes. She underwent 16 prior physical therapy visits that mainly focused on passive therapeutic modalities, as well as therapeutic exercise and osteopathic myofascial release, joint mobilization, as well as massage. In addition, the patient was taught some therapeutic exercise and was utilizing a muscle relaxer medication.

As of 06/03/02, she was complaining of increased pain and soreness along her bilateral upper trapezius muscles. Soft tissue mobilization was effective for decreasing her trigger points in her upper trapezius and along her cervical paraspinal muscles.

Disputed Services:

Hot/cold packs, myofascial release, therapeutic procedures, joint mobilization, ultrasound, massage during the period of 06/03/02 through 07/17/02.

Decision:

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

Rationale:

The specific reason for the denial of this continuing therapy regimen is the clear lack of progress made in the patient's clinical level of pain. There is no specific etiology for this patient's pain, aside from possible nervous system "wind up" from ongoing pain complaints.

The twenty (20) physical therapy visits of largely passive therapeutic modalities for a patient that is displaying characteristics of a chronic pain syndrome are largely futile. A more concerted, focused multi-disciplinary program is clearly more effective and has been supported in numerous articles in the literature by Dr. Molodofsky in his research concerning fibromyalgia and myalgia syndromes.

It should be noted that at the outset of the physical therapy session on 06/03/02, the patient had made some progress, but still required therapy three times a week. As of 06/03/02, she was complaining of increased pain and soreness along her bilateral upper trapezius muscles. Soft tissue mobilization was effective for decreasing her trigger points in her upper trapezius and along her cervical paraspinal muscles.

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,