

MDR Tracking Number: M5-03-2229-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on May 8, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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 aquatic therapy, therapeutic activities, and office visits **were found to be medically necessary**. The remaining charges were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the electrical stimulation; myofascial release, joint mobilization, aquatic therapy, therapeutic activities, therapeutic exercises, neuromuscular re-education, and office visit charges.

This Findings & Decision is hereby issued this 7th day of October 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

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 11/12/02 through 1/27/03 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 7th day of October 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

REVISED 9/22/03

September 15, 2003

IRO Certificate# 5259

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An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation.

The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

There was no clinical information provided on which to provide any clinical history. All that can be delineated is that there was a lumbar spine injury. What treatment that was provided between March 30, 2002 and November 12, 2002 is unknown.

REQUESTED SERVICE (S)

1. Was Electrical Stimulation reasonable and necessary from 11/12/02 – 1/27/03
2. Was Ultrasound therapy reasonable and necessary from 11/12/02 – 1/27/03
3. Was myofascial release reasonable and necessary from 11/12/02 – 1/27/03
4. Was joint mobilization reasonable and necessary from 11/12/02 – 1/27/03
5. Was aquatic therapy reasonable and necessary from 11/12/02 – 1/27/03
6. Was therapeutic activities reasonable and necessary from 11/12/02 – 1/27/03
7. Was neuromuscular re-education reasonable and necessary from 11/12/02 – 1/27/03
8. Was FCE reasonable and necessary from 11/12/02 – 1/27/03
9. Was office visits reasonable and necessary from 11/12/02 – 1/27/03

DECISION

Approve aquatic therapy, therapeutic activities and office visits as medically necessary. Unable to endorse or support all other requested services.

RATIONALE/BASIS FOR DECISION

There is a need to understand the clinical history of this case prior to November 12, 2002. Moreover, all of the progress notes from the primary treating physician would be needed. Without the clinical data of what happened to this gentleman, what treatment was provided and what the response to treatment was, I cannot provide any opinion of the medical necessity of this additional care.

ADDENDUM: Additional records were received for review; physical therapy notes, the one physician progress notes and the Functional Capacity Examination. The majority are physical therapy notes. They have a boilerplate feel, as there is a recurrent focus on mentioning the same journal article as the basis for the continuation of the multiple modalities noted. There were other interventions and medicine management that are as yet to be understood as there are no records for that care.

That being said:

1. Electrical stimulation would not be reasonable and necessary care for the injury sustained.
2. Ultrasound would not be indicated for the injury sustained.
3. Myofascial release would not be indicated this far out from the date of injury and noting the treatments already delivered.
4. Joint mobilization would not be indicated in this type of injury. Therefore, this is not reasonable and necessary care for the injury.
5. Aquatic therapy would be warranted to rehabilitate and aid in returning to the work place.
6. Therapeutic activities would be indicated as an adjunct to the home based, self-directed program emphasizing overall fitness and conditioning.
7. Neuromuscular was not indicated to treat the injury, this was focusing on aspects wholly unrelated to the care and treatment of the injury sustained.
8. The Functional Capacity Examination was not indicated. This would not change the treatment plan, is not reasonable and necessary care for the injury and this does not advance the diagnosis. In that the data presented by the report is nearly totally subjective, the information is based solely on the efforts set forth by the examinee, this fails to meet any standard of treatment for the injury.
9. The office visits were reasonable and necessary, as the primary treating physician needs to maintain a careful follow-up when there are prescription medications in use and to see how the patient is responding to the home based, self-directed program emphasizing overall fitness and conditioning.