

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

SOAH DOCKET NO. 453-04-0016.M5

MDR Tracking Number: M5-03-2272-01

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 therapies, hot/cold packs, unattended electrical stimulation, massage, therapeutic procedure, and group therapeutic procedures 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 therapy (hot/cold packs, unattended electrical stimulation, massage, therapeutic procedure, and group therapeutic procedure) 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 5/29/02 to 10/16/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 25th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

July 22, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-2272-01
IRO Certificate #: IRO4326

___ 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 family practice 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 was injured on ___ when he fell from an 18-wheeler tractor, hurting his left knee and shoulder. He began a course of physical therapy and eventually underwent left knee arthroscopy on 10/30/02. The patient then returned for post operative physical therapy.

Requested Service(s)

Hot/cold packs, unattended electrical stimulation, massage, therapeutic procedure, and group therapeutic procedure from 05/29/02 through 10/16/02

Decision

It is determined that the hot/cold packs, unattended electrical stimulation, massage, therapeutic procedure, and group therapeutic procedure from 05/29/02 through 10/16/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient had an initial physical therapy visit 05/27/02. The notes state that the patient would be seen daily until he returned to his primary physician for follow up. However, the physical therapy weekly notes show that the patient was seen on 05/29 and 05/30/02 and then not again until 09/03/02. The reason for this is not found in the documentation. In addition, there is no notation from the physician relating to the patient's condition prior to 05/29/03 or concurrent reports on the patient's improvement or lack of improvement from the therapy.

Physical therapy is an important treatment modality but the question arises as to why it would be provided for two days, stopped, and then restarted on a variable schedule. Moreover, there was no documentation found that there was home physical therapy training. Additional treatment at this point should have been home exercise followed by physician office visits. Therefore, it is determined that the hot/cold packs, unattended electrical stimulation, massage, therapeutic procedure, and group therapeutic procedure from 05/29/02 through 10/16/02 were not medically necessary.

Sincerely,