

MDR Tracking Number: M5-03-2385-01

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 23, 2003.

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, hot/cold packs, electrical stimulation, joint mobilization, therapeutic activities, muscle energy technique 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 fees were the only fees involved in the medical dispute to be resolved. As the office visits, hot/cold packs, electrical stimulation, joint mobilization, therapeutic activities, muscle energy technique were not found to be medically necessary, reimbursement for dates of service from 8/21/02 through 9/13/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 26th day of August 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

August 20, 2003

Re: MDR # M5-03-2385-01

___ 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:

No substantial clinical history was provided regarding this patient's job-related injury on ___, which was the date of onset of the physical therapy and fitness center notes. There is a note of a neurosurgical evaluation, so perhaps there was a neck injury, but no information was found indicating why, 2 ½ years after the injury, these modalities were being applied to the head and neck, or the headache or photophobia.

There are notes to the effect that the physician wanted to have the physical therapy before he sent the patient to a neurosurgeon; however it is unclear what was being evaluated by the referring physician. The patient is having photophobia, and the headaches treated are accompanied by photosensitivity and nausea, and are present at all times.

Disputed Services:

Office visits, hot/cold packs, electrical stimulation, joint mobilization, therapeutic activities, and muscle energy techniques during the period of 08/21/02 through 09/13/02.

Decision:

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

Rationale:

No diagnosis was provided in this case other than the description of the injury to the head. Although the modalities, which are accepted therapies in physical therapy, without a diagnosis, it is extremely difficult to say that these modalities were appropriate 2 ½ years after an injury in which an item fell on a person's head.

The patient is having photophobia, and the headaches treated are accompanied by photosensitivity and nausea, and are present at all times. These are very suggestive of migraine or tension-type headaches, rather than the type that generally come from a neck injury, especially one from 2½ years prior.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

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,