

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 therapeutic activities / procedures, gait training, mechanical traction and physical performance test 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 therapeutic activities / procedures, gait training, mechanical traction and physical performance test 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 5/22/02 to 6/6/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of July 2003.

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

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 22, 2003

RE: MDR Tracking #: M5-03-2388-01
IRO Certificate #: 5242

___ 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 Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed 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 Physical Medicine and Rehabilitation physician reviewer who is board certified in Physical Medicine and Rehabilitation. The Physical Medicine and Rehabilitation 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

The claimant is a 63 year old male with a date of injury on ___ when he fell 25 feet to concrete. He suffered a right elbow fracture, lumbar compression fracture and pelvic fracture. He had undergone 2 surgeries to the pelvis and 2 surgeries to the lumbar spine, all in August 2000. He had a lengthy hospitalization and then suffered a cerebral vascular accident with a right hemiparesis after his surgeries. In the ___ letter of 7/1/03, it states he suffered this cerebral vascular accident due to his numerous surgeries. I do not have evidence in the medical records as to the relationship of his cerebral vascular accident with regard to any surgical procedure. ___ treatment notes include a physical performance test on 2/27/02 and repeated on 6/6/02. Their position is that the patient made considerable gains with their treatment from May 2002 to June 2002, the sessions reviewed.

Requested Service(s)

Therapeutic activities, therapeutic procedures, gait training, mechanical traction and physical performance test for dates of service 5/22/02 through 6/6/02.

Decision

I agree with the insurance carrier and find that the services requested above are not medically necessary.

Rationale/Basis for Decision

___ physical performance test of 2/27/02 compared to 6/6/02 is with some improvements, weight lifted is increased and several areas of function are improved to occasional, but on 2/27/02 testing the patient could stand/walk 3 hours, only 2 hours on 6/6/02; drive on 2/27/02 was 4 hours and on 6/6/02 only 2 hours. He was classified at sedentary demand level on each test date. Pain throughout testing on 2/27/02 was reported at 3-4/10 and on 6/6/02 was reported at a 5-6/10. Therefore, some areas have gained slight improvement, but others have declined and pain level is reported higher. Thus the documentation does not support continued, ongoing care for dates of 5/22/02 to 6/6/02 in my opinion.