

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 June 2, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the medical necessity issues. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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 therapeutic exercises, group therapeutic procedures, aquatic therapy, hot/cold packs and office visits for dates of service 6/3/02 through 8/29/02 **were found to be medically necessary**. The therapeutic exercises, group therapeutic procedures, aquatic therapy, hot/cold packs and office visits for dates of service 10/7/02 through 10/30/02 **were not found to be medically necessary**. The respondent raised no other reasons for denying reimbursement of the therapeutic exercises, group therapeutic procedures, aquatic therapy; hot/cold packs and office visit charges.

This Findings and Decision is hereby issued this 16th day of September 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 6/3/02 through 8/29/02 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 16th day of September 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/mqo

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 5, 2003

Re: IRO Case # M5-03-2427-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation, and who had been admitted to the TWCC Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 34-year-old male who on ___ when he attempted to lift a tractor lawnmower and felt a pop in his low back. The physical therapy notes report that the patient was unable to walk after five minutes. He was treated by a chiropractor for nine months without benefit. He underwent a two-level fusion on 3/18/02. The patient apparently did not begin post-operative therapy for two months. He began post-op therapy on 5/26/02 three times per week through the end of August. He underwent a psychological assessment on 9/3/02 and a pain management program was recommended. The patient restarted physical therapy a month later on 10/7/02 three times per week through 10/30/02.

Requested Service(s)

Therapeutic procedures, group therapeutic procedures, aquatic therapy, hot/cold packs, office visits

Decision

I agree with the carrier's decision to deny the requested treatment 10/7/02 – 10/30/02.

I disagree with the denial of the requested treatment 6/3/02 – 8/29/02.

Rationale

The patient suffered an injury to his lower back that eventually required a two-level fusion at L4-5 and L5-S1 with instrumentation. Following surgery he began a post-op rehabilitation course three times per week for twelve weeks, including aquatic therapy. The treatment was appropriate and medically necessary following surgery.

Following completion of therapy, there was a one-month period during which there was no physical therapy. The patient began physical therapy again on 10/7/02. No documentation was submitted that suggests the medical necessity of more physical therapy following the completion of 34 physical therapy treatments post-operatively. The patient should have been continued on a home exercise program pending approval for any further medical intervention.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,