

MDR Tracking Number: M5-03-2497-01

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 June 2, 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 therapeutic exercises and aquatic therapy 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 therapeutic exercises and aquatic therapy were not found to be medically necessary, reimbursement for dates of service from 9/18/02 through 10/16/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 26<sup>th</sup> day of August 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

#### NOTICE OF INDEPENDENT REVIEW DECISION

August 20, 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 #: M5-03-2497-01  
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 Rule §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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_ health care professional 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 sustained injuries from a fall on \_\_\_\_. She continues to complain of stiffness, pain, and numbness to her low back and right leg. She underwent a disc fusion at L2-4 on 02/19/01 and a re-do disc fusion on 07/27/03 at L2 to L4 as well as diskectomy at L1-2. She is attending physical therapy for tenderness at the SI joint.

Requested Service(s)

Therapeutic procedure and aquatic therapy from 09/18/02 through 10/16/02

Decision

It is determined that the therapeutic procedure and aquatic therapy from 09/18/02 through 10/16/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Based on medical documentation provided, no indication was found for aquatic exercise. This form of therapy is not medically necessary. No notation of the underlying diagnosis of sacroiliac joint dysfunction or subluxation was found. Although much medical information was provided, very few pages relate to the diagnosis or treatment of sacroiliac joint dysfunction. Therefore, it is determined that the therapeutic procedure and aquatic therapy from 09/18/02 through 10/16/02 was not medically necessary.

Sincerely,