

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

SOAH DOCKET NO. 453-04-0366.M5

MDR Tracking Number: M5-03-2674-01

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, 2003 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review 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 adverse determination that the aquatic therapy sessions 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 aquatic therapy sessions 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 7/22/02 through 9/7/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 8th day of August 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

August 5, 2003

MDR Tracking Number: M5-03-2674-01
IRO Certificate# 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

___ was injured on ___ while working as an auto repair mechanic. He was diagnosed with a cervical /thoracic sprain strain. There appears to be left shoulder involvement from the records received.

REQUESTED SERVICE (S)

Medical necessity of aquatic therapy on 7/22/02 through 9/7/02

DECISION

Deny therapy.

RATIONALE/BASIS FOR DECISION

The records provided consisted of dates of service and charges, along with two functional assessment reports; therefore, no information to validate these therapies. Without knowing the mechanism of injury, the structures involved and the extent of damage to the involved regions, attempting to analyze the treatment is most difficult.