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

SOAH DOCKET NO. 453-04-3714.M5

MDR Tracking Number: M5-03-2762-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 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. This dispute was received on June 27, 2003.

The IRO reviewed physical therapy rendered from 9/16/02 through 9/25/02, and 9/30/02 through 11/8/02 denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On September 11, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$	Reference	Rationale
9/27/02	97113	$208.00	$0.00	C	$208.00	MFG, Medicine Ground Rule (I)(A)(9)(b), (I)(A)(10)(a)	Neither the requestor nor respondent submitted relevant information to support/and or challenge the carrier's denial of "C". Reimbursement is therefore, not recommended.
	97250	$45.00	$0.00	C	$45.00	MFG, Medicine Ground Rule (I)(A)(9)(c), (I)(A)(10)(a) & (I)(C)(3)	Neither the requestor nor respondent submitted relevant information to support/and or challenge the carrier's denial of "C". Reimbursement is therefore, not

							recommended.
TOTAL		$253.00	$0.00		$253.00		The requestor is not entitled to reimbursement.

This Decision is hereby issued this 5th day of February 2004.

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

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Letter
Note: Decision

September 4, 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 #:M5-03-2762-01
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 §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 ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ 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
This patient sustained a back and right leg injury on ___ while trying to catch a child falling out of a cart. She reports her pain radiates to the right hip, buttock, and lower extremity. She eventually underwent a L5-S1 fusion with hardware on 03/25/02. She continued to have right-sided pain in L5 distribution and started aquatic therapy on 06/24/02. The patient later had a lumbar epidural steroid injection with complications in mid-October involving inability to void and intractable pain requiring IV narcotics.

Requested Service(s)
Aquatic physical therapy on 08/19/02, 08/21/02, 08/23/02, from 09/16/02 through 09/25/02, from 09/30/02 through 11/08/02, 11/19/02, and 11/21/02

Decision
It is determined that the aquatic physical therapy on 08/19/02, 08/21/02, 08/23/02, from 09/16/02 through 09/25/02, from 09/30/02 through 11/08/02, 11/19/02, and 11/21/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision
Though aquatic therapy can be of some benefit in mechanical low back pain and retraining and strengthening antigravity muscles, it does not appear to be justifiable after an initial regimen of greater than 12 weeks was completed without benefit. Therefore, it is determined that the aquatic physical therapy on 08/19/02, 08/21/02, 08/23/02, from 09/16/02 through 09/25/02, from 09/30/02 through 11/08/02, 11/19/02, and 11/21/02 was not medically necessary.

Sincerely,