

MDR Tracking Number: M5-03-2835-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 7-7-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. 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 \$460.00** 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 office visits, myofascial release, therapeutic exercises, hot/cold packs, electrical stimulation, and required report on 9-9-02 through 10-17-02 were found to be medically necessary. The office visits, myofascial release, therapeutic exercises, hot/cold packs, electrical stimulation, ultrasound, therapeutic activities, required report, individual psychotherapy, X-ray, and FCE on 10-18-02 through 12-5-02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

The above Findings and Decision are hereby issued this 22nd day of October 2003.

Dee Z. Torres
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 9-9-02 through 10-17-02 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 22nd day of October 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dzt

August 28, 2003

Re: MDR # M5-03-2835-01
IRO Certificate No# IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This male claimant sustained a large hematoma from his mid-torso down towards the knee on the left side in a work-related injury on ___. He has complained of pain ever since. He said he had shooting pain in his hands and pain into his feet. He has undergone a single-level fusion at L4-5 with interbody cages on 03/05/02. He has since been through physical therapy and was then on medications.

Disputed Services:

Physical therapy sessions, office visits, required reports, FCE, and individual psychotherapy on 09/09/02 through 12/05/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The services in question were medically necessary from 09/09/02 through 10/17/02. Services after 10/17/02 were not medically necessary.

Rationale:

Based on the records presented for review, the reviewer finds that treatment through 10/17/02 was appropriate. There is no indication for further treatment. There is no defined documentation to justify further treatment.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,