

MDR Tracking Number: M5-03-2838-01

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 July 7, 2003.

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 \$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 office visits, aquatic therapy, and exercises, therapeutic activities, therapeutic exercises, and neuromuscular re-education were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the office visits, aquatic therapy, and exercises, therapeutic activities, therapeutic exercises, and neuromuscular re-education charges.

This Findings and Decision is hereby issued this 7th day of November 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 8/19/02 through 9/12/02 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 7th day of November 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/mqo

November 5, 2003

Re: MDR #: M5-03-2838-01
IRO Certificate No.: IRO 5055

REVISED REPORT
See "Disputed Services" & "Rationale"

___ 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 Physical Medicine and Rehabilitation.

Clinical History:

On ___ this patient injured his low back in a work-related accident. He subsequently underwent interventional spinal procedures including steroid injections and Racz catheter adhesiolysis, chiropractic care, and work conditioning, the latter of which he was unable to complete. He continued to have severe low back pain preventing him from normal work and limiting ADL's.

Disputed Services:

Office visits and physical therapy (aquatic therapy/exercise, therapeutic activities, therapeutic exercises & neuromuscular re-education) during the period of 8/19/02 through 09/12/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The services in question were medically necessary.

Rationale:

This patient had undergone what was apparently limited physical therapy in his work conditioning program and, even with that, was unable to complete the program, presumably secondary to unacceptable exacerbation of symptoms.

The patient also failed back injections and chiropractic treatment. Given this history, aquatic therapy is entirely reasonable to begin to gently restore lumbar range of motion as well as improve muscular tone and stability during weight bearing activities. This is

one of the forms of physical therapy least likely to produce symptom exacerbation and was entirely reasonable in being ordered. Additionally appropriate were the office visits, therapeutic activities, therapeutic exercises, and neuromuscular re-education in order to help restore the patient's functional capacity.

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,