

MDR Tracking Number: M5-03-2963-01

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, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 7-15-03.

The IRO reviewed therapeutic exercises, hot/cold packs, electrical stimulation, group health education, and office visit on 9-16-02 through 10-10-02 that were not medically necessary.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. The IRO agrees with the previous determination that the therapeutic exercises, hot/cold packs, electrical stimulation, and group health education from 9-16-02 through 10-10-02 were **not** medically necessary. The IRO has determined that the office visit on 9-23-02 was medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

### **ORDER**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 for date of service 9-23-02 in this dispute.

This Order is hereby issued this 29<sup>th</sup> day of January 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division  
DZT/dzt

**REVISED 9/15/03**

September 5, 2003

IRO Certificate# 5259  
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An independent review of the above-referenced case has been completed by a doctor board certified in physical medicine and rehabilitation. 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

This is a lady who reportedly slipped and fell sustaining an injury to the knee and low back on \_\_\_\_. \_\_\_ was initially treating this lady and he noted a lumbar injury and a knee component. A disc lesion and two level disc bulge was objectified. ESI's were completed. Chiropractic care was provided. \_\_\_ entered the clinical picture on June 10, 2002. He noted a disc lesion and encouraged physical therapy. Several weeks later \_\_\_ noted an ankle injury giving one question if there was more than one event causing a problem. A significant amount of physical therapy was ordered. The response was marginal if at all according to the notes of \_\_\_.

The physical therapy notes indicate a cervical injury, lumbar injury and an ankle injury with no mention or treatment for the reported knee injury.

#### REQUESTED SERVICE (S)

Were therapeutic exercises, hot and cold packs, electrical stimulation, office visit and group health education from 9/16/02 – 10/10/02 reasonable and necessary?

#### DECISION

Relative to the therapeutic exercise, hot and cold packs, electrical stimulation and group health education, no. The request and therapies were excessive and not required to be completed in a formal physical therapy setting. However, the office visits were clinically indicated.

#### RATIONALE/BASIS FOR DECISION

1. Therapeutic exercises – the exercises completed, as noted by the physical therapy progress notes, could have easily been done in a home-based setting. Noting the extensive physical therapy completed prior to the dates in question, proper instruction as to a home based program should have been completed.
2. Hot and cold packs – Noting the date of the injury and the pathology identified, this type of modality would have a clinical indication for two – three weeks at most. After a six-month treatment plan, the efficacy of such a protocol is

3. negligible. This is not reasonable and necessary care for a disc lesion at the time requested.
4. Electrical stimulation – Again this was a disc lesion and the treatment requested was palliative and not overly effective. This is an acute methodology and not an approach to the chronic issue.
5. Group health education – Any education as to home therapy, approaches to activities of daily living and the like should have been completed in the acute phase. Moreover, noting the progress notes from the providers, there was an appropriate response by the claimant thus obviating the need for this type of education in the time frames noted. This was not reasonable and necessary care for a disc lesion.
6. Office visits – periodic assessment of the clinical condition is clearly warranted. There was a disc lesion and the response to the treatment had to be noted. Follow-up appointments would be reasonable and necessary care.