

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. This dispute was received on 12-2-02.

The IRO reviewed aquatic therapy and myofascial release rendered from 05-05-03 through 06-02-03 that were denied based upon "U".

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 October 16, 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
05/23/03	99213	48.00	0.00	No EOB	43.00	MFG, E/M, MGR (VI)(B.)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of \$48.00
05/23/03	97250	43.00	0.00	No EOB	43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes support services were rendered as billed. Reimbursement recommended in the amount of \$43.00
05/23/03	97265	43.00	0.00	No EOB	43.00		SOAP notes support joint mobilization rendered as billed. Recommended reimbursement \$43.00
05/30/03	97113 5 units	260.00	0.00	No EOB	\$52 per unit= \$260.00		SOAP notes support aquatic therapy rendered. Recommended reimbursement \$260.00.
06/02/03	97250	43.00	0.00	No EOB	43.00	MFG, MGR (I)(11)(C)(3)	SOAP notes do not confirm myofascial release was rendered. No reimbursement recommended

TOTAL	\$437.00	The requestor is entitled to reimbursement of \$394.00
-------	----------	---

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 Decision is applicable for dates of service 8-28-01 through 12-28-01 in this dispute.

This Decision is hereby issued this 19th day of December 2003.

Georgina Rodriguez
 Medical Dispute Resolution Officer
 Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Date: October 15, 2003

RE: MDR Tracking #: M5-03-2969-01
IRO Certificate #: 5242

___ 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 Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed 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 Orthopedic Surgeon physician reviewer who is board certified in orthopedic surgery and has ADL. The Orthopedic Surgeon 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 independent review involves a then-55-year-old female who apparently tripped on some concrete in a parking garage, presumably at her place of employment. On ___, with a variety of resultant scrapes and bruises though with apparently long-term residual centered about the left shoulder region. X-rays of the left shoulder and elbow were reportedly negative for fracture phenomenon and management was basically conservative, including some initial work avoidance and later modification as well as physical therapy and oral anti-inflammatories. An electromyogram performed 03/07/03, suggested some C5-6 radiculopathy, though neck concerns were not a presenting complaint and apparently not felt to be part of the compensable injury.

Requested Service(s)

The medical necessity of aquatic therapy and myofascial release rendered between 05/05/03 – 05/27/03.

Decision

I agree with the insurance carrier that the provided aquatic therapy and myofascial release was not medically necessary.

Rationale/Basis for Decision

While the billing code from the therapists of 923.09 is somewhat nonspecific for multiple contusions, the therapy reports, site of treatment drawings, as well as exercise instruction sheets clearly indicate that the area of treatment is to the neck, shoulder and scapular region, as well as apparently on one occasion to the left ankle (apparently never a source of initial concern) during the contested period of time. Typically, aquatic therapy is a reserved or at least more appropriate for lower extremity concerns by virtue of the buoyancy and decreased weight-bearing to the lower extremities provided by the water. The claimant questionnaire indicates that “I can stand as long as I want without pain”. Strangely, the aquatic activities were rendered to “improve trunk control, stabilization, and cardio endurance” – seemingly unconnected with the diagnosis of shoulder contusion (bruise). Additionally, it appears inconceivable that myofascial release for a shoulder bruising is necessary or appropriate that long after the injury.