

MDR Tracking Number: M5-03-3210-01

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 8-8-03.

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.

The above Findings and Decision are hereby issued this 2nd day of December 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

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, neuromuscular re-education, therapeutic activities, and aquatic therapy were found to be medically necessary. The myofascial release and electrical stimulation were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

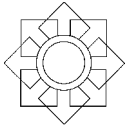
On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 1-20-03 through 2-10-03 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 2nd day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

Enclosure: IRO decision



Texas Medical Foundation

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NOTICE OF INDEPENDENT REVIEW DECISION

October 16, 2003

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker: _____
MDR Tracking #: M5-03-3210-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional 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 TMF 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 an injury on ____ when he was unloading some fuel and fell into a 1 ½" hole, twisting his back. He eventually underwent lumbar spine surgery on 10/05/02. The patient saw a chiropractor who sent him for physical therapy beginning on 01/20/03.

Requested Service(s)

Office visits, neuromuscular re-education, therapeutic activities, myofascial release, aquatic therapy, and electrical stimulation from 01/20/03 through 02/10/03

Decision

It is determined that the office visits, neuromuscular re-education, therapeutic activities, and aquatic therapy from 01/20/03 through 02/10/03 were medically necessary to treat this patient's condition. However, it is determined that the electrical stimulation and myofascial release from 01/20/03 through 02/10/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

An initial evaluation was performed on 01/20/03 that revealed significant subjective and objective findings as listed in the letter of medical necessity. He was seen for eight visits with favorable results both subjectively and objectively.

There are no national treatment guidelines or scientific studies that allow for passive therapy to be utilized three-and-one-half months after lumbar surgery and nine-and one-half months after the on the job injury. Guidelines allow for active rehabilitation and therapy following spinal surgery. Under normal circumstances, the active therapy would have been started prior to three months post operatively. There is no clear cut explanation as to why this was delayed. Therefore, it is determined that the office visits, neuromuscular re-education, therapeutic activities, and aquatic therapy from 01/20/03 through 02/10/03 medically necessary. However, it is determined that the electrical stimulation and myofascial release from 01/20/03 through 02/10/03 were not medically necessary.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm