MDR Tracking Number: M5-02-2686-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 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(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor $460.00** for the paid IRO fee.

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 treatment/services /therapies (including aquatic therapy, hot or cold pack, and electric stimulation) were found to be medically necessary. The respondent raised no other reasons for denying reimbursement charges for the treatment/services /therapies (including aquatic therapy, hot or cold pack, and electric stimulation).

This Finding and Decision is hereby issued this 9th day of, October 2002.

Carol R. Lawrence
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 2/14/02 through 4/17/02 in this dispute and IRO fee.

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 9th day of October 2002.

Roy Lewis. Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

September 25, 2002

Re: Medical Dispute Resolution
MDR #: M5-02-2686-01
IRO Certificate No.: IRO 5055

Dear

___ 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 a doctor of Chiropractic medicine.

The physician reviewer DISAGREES with the determination of the insurance carrier in this case. The reviewer is of the opinion that AQUATIC THERAPY, HOT OR COLD PACK THERAPY, ELECTICAL STIMULATION THERAPY FROM 02.14.02 THROUGH 04.17.02 WAS 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

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

MEDICAL CASE REVIEW

This is for ___. I have reviewed the medical information forwarded to me concerning MDR #M5-02-2686-01, in the area of Chiropractic and Aquatic Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Medical Dispute Resolution Request/Response.
2. Table of Disputed Services.
3. Explanation of Benefits from insurance carrier denying payment, total 20 pages.
4. Response letter for MDR from ___, 3 pages.
5. Designated Doctor Evaluation by ___, dated 5/17/02, 4 pages.
6. Dispute of impairment rating by ___.
7. ___ reply to dispute.
8. SOAP notes, therapeutic rehabilitation daily treatment notes, aquatic rehabilitation therapy treatment record, and therapist's notes, total 126 pages.
9. Functional disability assessment report and FCE report, dated 5/07/02, total 5 pages.
10. CT scan of right ankle, 2 pages.

B. BRIEF CLINICAL HISTORY:

The records indicate the patient was injured on the job ___. While coming down a flight of stairs, he missed a step and twisted his right ankle. A treatment program was begun by ___, his treating doctor. ___ ordered an aquatic rehabilitation therapy program.

C. DISPUTED SERVICES:

Aquatic therapy, hot or cold pack therapy, electric stimulation therapy, as well as a TWCC-73 required report with disputed dates of services ranging from 02/14/02 through 04/17/02.

D. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

The records indicate this patient was, in fact, injured on the job on ___, while coming down a flight of stairs. He missed a step, causing an injury to his right ankle. This case is of a complicated nature due to the fact that the patient had a previous right ankle injury with surgery some 22 years prior to this injury. In addition, notes reveal there is some discrepancy whether this patient had just a right ankle injury or, in addition to his right ankle injury, a right knee injury. I will not address that issue because it is my opinion that specific issue is not relevant to this MDR request. The records indicate that ___, the treating doctor, performed an initial evaluation on 2/13/02 and started a treatment plan of ice, stim, and one hour of individual aquatic therapy.

Due to the severity of this patient's injury, it was necessary for this patient to undergo an aggressive aquatic rehabilitation treatment program prior to progressing to a land-based treatment program. It is my professional opinion that the records clearly indicate the need for this program as well as the fact that the patient showed improvement as he progressed through the aquatic program.

In conclusion, it is my opinion the disputed services were, in fact, medically necessary, reasonable, and customary in order for this patient to recover from his documented on-the-job injury. There is sufficient supporting documentation that led to my conclusion that the one hour aquatic therapy session was medically necessary.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 23 September 2002