

MDR Tracking Number: M5-02-2687-01

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 office visits and physical therapy were found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Finding and Decision is hereby issued this 7th day of November 2002.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review

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 10/30/01 through 4/18/02 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 of November 2002.

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

October 11, 2002

Re: Medical Dispute Resolution
MDR #: M5.02.2687.01
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 certified in Chiropractic medicine.

Clinical History:

The claimant is a 46-year-old male who injured his low back on ___ while working as a roughneck. He received a lumbar fusion on 01.25.01, and an RME with MMI on 10.13.01, and was referred by his surgeon for aquatic rehabilitation on 12.21.01.

Disputed Services:

Office visits and physical therapy (aquatic therapy) for the period 10.30.01 through 04.18.02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that aquatic physical therapy and the office visits from 10.30.01 through 04.18.02 were medically necessary.

Rationale for Decision:

The surgeon who performed the lumbar fusion recommended aquatic therapy, which was within rational and appropriate medical guidelines. Also, the chiropractor and the rehabilitation director demonstrated and documented initial deficits and progress with the patient, providing documented and appropriate rationale for continuing an aquatic therapy [program and its schedule of care of 60 minutes per session, as well as frequency visits.

Appropriate documentation and rationale found in the medical records supports the services of the office visits between the dates of 10.30.01 and 04.18.02.

Resources to support decision:

1. Washington State Department of Labor and Industries, *1999 Medical Treatment Guidelines*.
2. *Medical Guidelines*, Department of Veterans Affairs (U.S.), 1999 May.

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,