

MDR Tracking Number: M5-02-2897-01

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 \$650.00** 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 therapies (including: hot/cold packs, electric stimulation and therapeutic exercises) were found to be medically necessary. The respondent raised no other reasons for denying reimbursement charges for the office visits and physical therapies.

This Finding and Decision is hereby issued this 31st 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 8/8/01 through 9/28/01 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 31st day of, October 2002.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

October 29, 2002

Re: Medical Dispute Resolution
MDR #: M5.02.2897.01
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 Board Certified in Physical Medicine and Rehabilitation.

Clinical History:

This female claimant was injured on the job on ___, suffering immediate knee pain and then lumbar and bilateral leg pain. Multiple injuries were noted upon examination approximately two weeks after the date of the injury. Physical therapy was ordered approximately three weeks after the injury, about ___.

The claimant did quite well during therapy, herself stating she felt 85% improved, even though her knee did occasionally give out. She returned to work immediately, with restrictions.

Disputed Services:

Rehabilitation therapy from 08/08/01 through 09/28/01.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the services in question were medically necessary.

Rationale for Decision:

Generally one waits about three or four weeks after an injury to start an extensive physical therapy program because it is difficult to assess in the first days of injury exactly what is injured. Therapy was ordered at the proper time; it was not extensive; and was appropriate for a patient with multiple injuries. Daily notes were kept on the exact progress and lack of progress of the patient, both out of therapy and in therapy. This therapy was indicated and 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.

Sincerely,