

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 majority of issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent, non-prevailing party to **refund the requestor \$650.00** 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.

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 physical therapy, not exceeding four units per day, was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these physical therapy charges.

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 9/6/01 through 9/24/01 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 13th day of January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

October 14, 2002

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5 02 2989 01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Physical Therapist. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ is a 50 year old woman who fractured her left great toe, interarticular, distal phalanx on ___. She also had a laceration above the fracture, which was irrigated and sutured. The fracture was treated with bracing. Upon follow-up on September 5, 2001, it was determined that the fracture was still non-displaced and physical therapy was ordered at three times per week for three weeks. She was referred to ___, where she underwent an evaluation on September 6, 2001 with treatment performed on that day, as well as subsequent dates of 9/9, 9/10, 9/12, 9/17, 9/19, 9/21 and 9/24. With slight modification, the following treatment was performed on each of those dates: cold pack with electrical stimulation, joint mobilization and aquatic therapy. On two visits, home exercises were also instructed and billed. The total number of visits was 9. The patient was seen by her orthopedic surgeon on October 3, 2001, where it was determined that she was doing well and could return work at her former job with no restrictions, and she was sent for an impairment rating.

DISPUTED SERVICES

Physical Therapy services with office visits from 9/6/2001 to 9/24/2001.

DECISION

The reviewer in part agrees with the prior adverse determination and disagrees in part.

BASIS FOR THE DECISION

Physical therapy is justified, but documentation for the initial evaluation, especially the length of that evaluation, is lacking and therefore the initial evaluation is not reasonable. Treatments that exceed 4 units per day are not justified.

As an officer of ____, I certify that there is no known conflict between the reviewer, ____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

____ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,