

MDR Tracking Number: M5-02-3118-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the physical therapy services rendered was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that physical therapy services fees were the only fees involved in the medical dispute to be resolved. As the treatment, physical therapy services were not found to be medically necessary, reimbursement for dates of service from 3/8/02 through 4/4/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of November 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

November 18, 2002

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

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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.

The independent review was performed by a matched peer with the treating doctor. 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

No history of injury or medical procedures was available to the reviewer.

DISPUTED SERVICES

Under dispute are physical therapy services rendered from 3/8/02 through 4/4/02.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Because no history of prior Physical Therapy or other medical intervention is provided and the patient's injury is at least 18 months S/P, the patient should be stable and ratable, and his cervical discomfort considered a chronic problem.

The review of this patient takes place from the mid-point to exit evaluation. This means that the patient has received at least four weeks of physical therapy at this time. After four weeks the patient should be independent with all of his home programs, including stretching, strengthening, positional traction and therapeutic exercises. At this time, massage is palliative at best, especially the full body massage, as noted on the 3/12/01 progress note.

Also, after reviewing the midpoint and exit evaluations, the patient's cervical ROM and overall strength remained the same or got worse.

Cervical ROM	3/8/02	4/4/02
Flexion	36 degrees	35 degrees
Extension	26	25
Lateral flexion right	18	20
Lateral flexion left	30	20
Rotation right	24	50
Rotation left	50	35

Cervical and bilateral shoulder strength was 4+/5 on both dates. There is also no significant difference in the cervical "pressure" not pain rating. If the patient did in fact

make significant progress, with improved ROM and strength, it was during the time prior to 3/8/02, midpoint evaluation, and none during the four weeks of physical therapy from 3/8/02 to 4/4/02.

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,