

MDR Tracking Number: M5-02-3165-01

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 aquatic therapy was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that aquatic therapy fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 1/22/02 to 2/21/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 16th day of May, 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION

May 8, 2003

Program Administrator
Medical Review Division
Texas Workers' Compensation Commission
4000 South IH-35, MS-48
Austin, TX 78704-7491

RE: Injured Worker: _____
MDR Tracking #: M5-02-3165-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an Independent review organization (IRO). The Texas Workers' Compensation

Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient was involved in a motor vehicle accident (MVA) on ___ and was diagnosed with brachial neuritis, nerve root/plexus disorder, and cervicocranial syndrome for which he has seen a chiropractor.

Requested Service(s)

Aquatic therapy from dates 01/22/02 through 02/21/02.

Decision

It is determined that the aquatic therapy rendered from 01/22/02 through 02/21/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

In this case, the patient does not meet common criteria associated with the utilization of aquaticbased programs. The medical records provided did not show qualitative nor quantitative data to show failure in land-based therapeutics that would allow transition to an aquatic program.

The Functional Capacity Evaluation (FCE) on 01/02/02 showed no data that would allow implementation of unloaded aquatic applications utilized with the intention of increasing the

patients physical demands level (PDL). The patient would be better served by a Return to Work program like work conditioning or work hardening.

The aforementioned information has been taken from the following guidelines of clinical practice:

- Gwendolijne G.M., et al. Clinical Practice Guideline for the Physiotherapy of Patients with Whiplash-Associated Disorders. *Spin*, Vol. 27, No. 4, pp 412-22.
- Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice. Washington State Chiropractic Association; 2001. 54p.

Therefore, the aquatic therapy rendered from 01/22/02 through 02/21/02 was not medically necessary.

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:vn