

MDR Tracking Number: M5-02-3260-01

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 respondent prevailed** on the issues of medical necessity. Therefore in accordance with §133.308(q)(9), the Commission hereby **Declines to Order** the respondent to reimburse the **requestor** 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 disputed physical therapy services were found to **not** be medically necessary. The respondent raised no other reasons for denying reimbursement for these services.

This Decision is applicable to dates of service 1/8/02 through 1/31/02 in this dispute.

This Decision is hereby issued this 12th of November 2002.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

November 5, 2002

Re: Medical Dispute Resolution
MDR #: M5.02.3260.01
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, Rehabilitation, and Electro Diagnostic Medicine.

Clinical History:

This female claimant was injured on the job on ___ when a chair slipped out from under her and she sat on the floor, landing on her buttocks. She was diagnosed with a bilateral lumbar facet syndrome, bilateral sacroilitis and myofascial pain syndrome. The records are unclear as to how these diagnoses relate to the incident.

The patient has received a great deal of therapy and modalities such as ultrasound, electrical stimulation, hot packs, stretching exercises, two hands-on procedures and massages.

On 01/28/02 the pain is documented as being down to a level of 2. The pain level is generally 3 or 2, with the worst pain on the pain scale that I can find for this patient being a level of 3 to 4.

Disputed Services:

Physical therapy from 01/08/02 through 01/31/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the physical therapy in question was not medically necessary in this case.

Rationale for Decision:

This large amount of therapy for a pain level of 2 or, at worst, 3 to 4 is excessive and simply not indicated. Also, there seems to be no direction in the therapy as it relates to the diagnoses.

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,