

MDR Tracking Number: M5-03-2729-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on 06-26-03.

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(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** 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 aquatic therapy, therapeutic exercises and joint mobilization from 06-28-02 through 12-23-02 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 8th day of January 2004.

Debra L. Hewitt
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 06-28-02 through 12-23-02 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 8th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dlh

February 24, 2004

NOTICE OF INDEPENDENT REVIEW DECISION
Amended Determination B

RE: MDR Tracking #: M5-03-2729-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This physician is board certified in physical medicine and rehabilitation. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 45 year-old female who sustained a work related injury on ___. The patient reported that while at work as a hairdresser, she sustained a repetitive motion injury to both shoulders and both wrists gradually over time. The diagnoses for this patient include bilateral rotator cuff syndrome and bilateral carpal tunnel syndrome. The patient was treated with aquatic therapy and physical therapy. The patient underwent surgery on her left wrist and shoulder and was treated post surgically with post-op rehabilitation.

Requested Services

Aquatic therapy, therapeutic exercises, joint mobilization from 6/28/02 through 12/23/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 45 year-old female who sustained a work related injury to her shoulders and both wrists on ___. The ___ physician reviewer also

noted that the diagnoses for this patient included bilateral rotator cuff syndrome and bilateral carpal tunnel syndrome. The ___ physician reviewer further noted that the patient was treated with aquatic therapy and physical therapy and underwent surgery to her left wrist and shoulder and was then treated with post-surgical rehabilitation. The ___ physician reviewer indicated that the provider billed for several units of aquatic therapy. However, the ___ physician reviewer explained that the documentation provided does not confirm the number of units performed. The ___ physician reviewer also indicated that there is documentation of several exercises being performed for this patient. The ___ physician reviewer explained that these exercises most likely did take more time than one unit. However, the ___ physician reviewer also explained that the documentation provided did not indicate the actual time spent in activity. The ___ physician reviewer indicated that the treatment was directed at several body parts. The ___ physician reviewer explained that based on the documented exercises performed, time taken to perform these exercises would be equivalent to 3 units of therapeutic exercises. Therefore, the ___ physician consultant concluded that two units of aquatic therapy for 6/28/02 only were necessary to treat this patient's condition (including units already reimbursed by the Respondent). However, the ___ physician consultant concluded that one unit of aquatic therapy per date of service from 7/1/02 through 12/23/02 was medically necessary to treat this patient's condition (including units already reimbursed by the Respondent). The ___ physician consultant also concluded that up to three units of therapeutic exercises and joint mobilization per date of service were medically necessary to treat this patient's condition (including units already reimbursed by the Respondent).

Sincerely,

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