

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 10-09-03.

The Medical Review 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 therapeutic procedures, aquatic therapy, exercises, group therapy, and office visits from 11-20-02 through 12-16-02 were 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 Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 11-20-02 through 12-16-02 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 29th day of December 2003.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 19, 2003

RE: MDR Tracking #: M5-04-0409-01
IRO Certificate #: 5242

___ 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 ___ 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 proposed 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 an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and has an ADL Level 2. The Orthopedic Surgeon physician reviewer 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 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

The claimant sustained injuries to the lower extremities allegedly due to a work related injury on ____.

Requested Service(s)

Therapeutic procedures, aquatic therapy\exercises, group therapy procedures, office visit

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

Nine months after successful treatment of lower extremity injuries, the claimant was ambulating independently with the use of a cane and exhibited a functional range of motion. Stated goals for treatment rendered included increase in strength and endurance, increase in range of motion, and improvement in overall physical condition. Upon review of the rehabilitation program progress notes, there is no significant change in range of motion that can be attributed to the supervised conditioning program. Furthermore there is no explanation why a well structured home exercise program including the use of conventional ice/heat modalities would be any less effective than supervised conditioning in this clinical setting 9 months after successful treatment of lower extremity trauma. There is no documentation of any complication in the claimant's treatment to indicate the need for continued supervision 9 months after the alleged injury.