

MDR Tracking Number: M5-04-1577-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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. This dispute was received on 2-2-04.

The IRO reviewed therapeutic exercises, ultrasound, massage, iontophoresis, supplies/materials, hot/cold packs, office visits, and mechanical traction from 4-30-03 to 5-23-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 4-28-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. The requestor failed to submit relevant information to support components of the fee dispute according to Rule 133.307(g)(3) (A-F). Therefore, no review can be made and no reimbursement recommended for the fee component.

This Order is hereby issued this 4th day of June 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 22, 2004

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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 reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The 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 has a history of chronic back and ankle pain allegedly related to a compensable injury on ___.

Requested Service(s)

Therapeutic exercises, ultrasound, massage therapy, iontophoresis, supplies and materials, hot and cold pack therapy, office visits and mechanical traction provided between 4/30/03 to 5/23/03.

Decision

I agree with the insurance carrier that the services in dispute were not medically necessary.

Rationale/Basis for Decision

The claimant allegedly sustained injuries to the lumbar spine and ankle in a compensable work injury. MRI report of the lumbar spine dated 3/25/03 was unremarkable. An MRI report of the left ankle on 3/6/03 was also normal. This included visualization of Achilles tendon found to be within normal limits and bony structures demonstrating grossly normal signal intensity with no evidence of bone marrow bruise or fracture. Documentation indicates the claimant sustained self limited soft tissue injuries of the back and ankle. Generally physical therapy is indicated in the presence of significant deficits in range of motion and functional capacity usually associated with acute injury or post operative conditions. There is no objective documentation of significant deficits in the claimant's range of motion or functional capacity to indicate the medical necessity of physical therapy and modalities described above. There is no rationale explaining why a home exercise program would be any less effective than continued supervised conditioning and modalities in this clinical setting.