

MDR Tracking Number: M5-04-1666-01

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 (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 February 9, 2004.

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 the office visits, hot/cold pack therapy, therapeutic exercises, ultrasound, office visits with manipulation, and group therapy 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 Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 03-04-03 to 05-22-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 27th day of April 2004.

Medical Dispute Resolution Officer
Medical Review Division

**IRO Decision copy was received by both Requestor and Respondent.
After SOAH determination on and about 12/4/03, the Appeals Panel on or about 5/4/04 determined the Requestor was due the majority of the disputed issues.**