

MDR Tracking Number: M5-04-2060-01

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 March 9, 2004

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. 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 was the only issue** to be resolved. The therapeutic exercises (97110), hot/cold pack application (97010), intermittent motorized traction (97012), and manual therapy (97140) from 06-27-03 through 09-03-03 and only the electrical stimulation, un-attended (97014) on 09-03-03 **were** found to be medically necessary. The aquatic therapy with therapeutic exercises (97113), myofascial release (97250), special reports 73 (99080-73) from 06/17/03 to 07/02/03 and the electrical stimulation, unattended (97014) on 06/26/03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 06/27/03 through 09/03/03 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 7<sup>th</sup> day of May 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
PR/pr

April 27, 2004

MDR Tracking Number: M5-04-2060-01  
IRO Certificate # 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians.

All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

CLINICAL HISTORY

Patient is a 37-year-old male who, on \_\_\_\_, sustained a compensable injury when he was operating a CAT 23-yard scraper. On that date, he reportedly hit a large piece of wood and came to an abrupt stop, causing him to impact the steering wheel with his chest, and fall suddenly back into his seat. He subsequently underwent a rather extensive conservative trial of therapy, followed by epidural injections, aggressive oral pain medications, discogram, a full range of diagnostic testing (including electrodiagnostics), work hardening, and eventually an IDET was performed on 04/17/03.

REQUESTED SERVICE (S)

Aquatic therapy with therapeutic exercises (97113), electrical stimulation, unattended (97014), intermittent motorized traction (97012), hot/cold packs (97010), myofascial release (97250), manual therapy (97140), and special reports (99080-73) for dates of service 06/17/03 through 09/03/03.

DECISION

The therapeutic exercises (97110) are approved. The hot/cold pack application (97010), intermittent motorized traction (97012), and manual therapy (97140) treatments are also approved. And, only the electrical stimulation, unattended (97014), performed on date of service 09/03/03 is approved.

All remaining services and procedures are denied.

### RATIONALE/BASIS FOR DECISION

The daily treatment notes submitted for date of service 09/03/03 sufficiently documented that a flare-up occurred, so the medical necessity of treatment consisting of modalities was supported.

In addition, it was reasonable following an IDET procedure to engage the patient in a short course of therapy consisting of therapeutic exercises to obtain maximum results, and the records contained an appropriate referral from the performing surgeon, so these were approved.

However, insofar as the denied services are concerned, the special report (99080-73) service was denied because the record for that date failed to establish that a reevaluation was performed. In fact, the daily note didn't mention this report at all. Further, according to TWCC Medical Fee Guidelines, this report must accompany billing for this service but the records were devoid of a copy.

In terms of the aquatic therapy with therapeutic exercises (97113), the daily treatment note from date of service 06/26/03 stated, "However the aquatic pool is nonfunctional today and, I believe, closed for cleaning and repairs. Therefore, we will proceed with flexibility land-based exercises and cardiovascular endurance exercises." It would appear that if this patient were able to safely perform such "land-based exercises" on 06/26/03, then he certainly could have done so on dates of service 06/17/03 through 06/24/03 when the pool was operational. As such, the medical necessity of this more involved service cannot be established.

Finally, the myofascial release (97250) and the electrical stimulation, unattended (97014) performed on 06/26/03 were denied because the record failed to adequately document the occurrence of a flare-up. Rather, these modalities were performed in the middle of a prescribed treatment plan.