

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER: 453-04-7715.M5

MDR Tracking Number: M5-04-2458-01

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 3-26-04.

The requestor was seeking reimbursement for the prescription medication Amitriptyline for date of service 1/23/04. Per correspondence from the insurance carrier dated 4/30/04, the requestor was reimbursed for the prescription medication Amitriptyline on 4/29/04 for dates of service 1/5/04-1/23/04. A copy of the check was enclosed in the insurance carrier's response. Since the requestor has been reimbursed for the medication, a dispute for this item no longer exists and will not be included in this decision.

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 athletic club membership for physical therapy was not medically necessary.

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 service listed above was not found to be medically necessary, the request for reimbursement for date of service 1/6/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 28th day of June 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division
RLC/rlc

June 2, 2004

MDR #: M5-04-2458-01
IRO Certificate No.: 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review

Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in the area of Pain Management and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by the Requestor: correspondence, office notes, nerve conduction study, procedure notes, radiology report and designated doctor reports.

Clinical History:

The patient is a 35-year-old male who reported injury to his lumbar spine on _____. The diagnoses were lumbar disc disease disorder and recurrent low lumbar backache. On MRI, there is evidence of lumbosacral disc disease

Disputed Services:

Athletic club membership

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that an athletic club membership is not medically necessary in this case.

Rationale:

Currently, this patient's injury is _____ old. It is not medically necessary for this patient to have an athletic club membership in order to continue therapy to help strengthen his back. During the course of physical therapy, he should have been shown at-home-type exercise programs that would enable him to continue these exercises. An athletic club membership is not medically necessary when this patient can continue to do exercises at home, which would be just as effective as doing them at an athletic club.

Sincerely,