

MDR Tracking Number: M5-04-4286-01

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 8-19-04.

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 office visits and therapeutic exercises from 1-5-04 through 3-9-04 were 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 services listed above were not found to be medically necessary, reimbursement for dates of service are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of November 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION

November 11, 2004

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-04-4286-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered 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 a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional 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 TMF 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

This 45 year-old male injured his upper and lower back, neck, and right arm on ____ while operating a bulldozer. His diagnoses are cervical intervertebral disc disorder with myelopathy, lumbar intervertebral disc disorder with myelopathy, headaches, thoracic sprain/strain, and right shoulder impingement with crepitus. He has been treated with therapy and medications.

Requested Service(s)

Office visits (99212) and therapeutic exercise (97110) for dates of service 01/05/04 through 03/09/04

Decision

It is determined that there is no medical necessity for the office visits and therapeutic exercise for dates of service 01/05/04 through 03/09/04 to treat this patient's medical condition.

Rationale/Basis for Decision

Medical record documentation does not indicate the necessity for the office visits and therapeutic exercise. Physical medicine is an accepted part of a rehabilitation program following an injury. However, for medical necessity to be established, there must be an expectation of recovery or improvement within a reasonable and generally predictable time period. Expectation of improvement in a patient's condition should be established based on success of treatment. Continued treatment is expected to improve the patient's condition and initiate restoration of function. If treatment does not produce the expected positive results, it is not reasonable to continue that course of treatment.

In this case, medical record documentation does not indicate an objective or functional improvement in this patient's condition. In fact, after an identical treatment had been

unsuccessfully performed just prior to the dates in question, no change of treatment plan was made.

Additionally, therapeutic exercises may be performed in a clinic one-on-one, in a clinic in a group, at a gym or at home with the least costly of these options being a home program. A home exercise program is also preferable because the patient can perform them on a daily basis. The provider has failed to establish why these services were required to be performed one-on-one when current medical literature indicates no strong evidence for the effectiveness of supervised training as compared to home exercise. Therefore, the office visits and therapeutic exercise for dates of service 01/05/04 through 03/09/04 were not medically necessary to treat this patient's medical condition.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:vn

Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-04-4286-01

Information Submitted by Requestor:

Information Submitted by Respondent:

- Progress Notes
- Office Visit Notes Dr. Van Hal
- Functional capacity evaluation
- Consult
- Peer Review
- Diagnostic Tests
- Claims and Carrier's Position