

MDR Tracking Number: M5-05-0521-01

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. This dispute was received on 10-05-04.

The IRO reviewed physical therapy (codes 97530, 97110, G0283, 97140, 97112, 99203, 99213 and 97014) rendered from 09-18-03 through 11-25-03 which were denied based upon "U".

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. The IRO determined that the physical therapy for dates of service 09-18-03 through 10-13-03 **were** medically necessary. The IRO further determined that the services from 10-22-03 through 11-25-03 **were not** medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

### **ORDER**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with Medicare program reimbursement methodologies effective August 1, 2003 per commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 09-18-03 through 10-13-03 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 Findings and Decision and Order are hereby issued this 30th day of December 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO Decision

## **MEDICAL REVIEW OF TEXAS**

[IRO #5259]

**3402 Vanshire Drive**

**Austin, Texas 78738**

**Phone: 512-402-1400**

**FAX: 512-402-1012**

### **NOTICE OF INDEPENDENT REVIEW DETERMINATION**

TWCC Case Number:	
MDR Tracking Number:	M5-05-0521-01
Name of Patient:	
Name of URA/Payer:	Refugio County Memorial Hospital
Name of Provider: (ER, Hospital, or Other Facility)	Refugio County Memorial Hospital
Name of Physician: (Treating or Requesting)	Dr. Russell Mascarenhas

December 28, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, 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

Medical Review of Texas (MRT) 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 MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Texas Workers Compensation Commission

#### CLINICAL HISTORY

Records reviewed included:

1. Physical therapy progress notes 9/19/03 through 11/25/03 [40 pages];
2. Texas Mutual Insurance Company billing records [20 pages] and;
3. Disputed services [30 pages].

35-year-old male suffered a back injury on \_\_\_\_ with a re-injury at work on \_\_\_\_\_. Diagnosis was right S1 radiculitis, low back pain, status post RACZ procedure.

#### REQUESTED SERVICE(S)

Physical Therapy [including codes 97530, 97110, G0283, 97140, 97112, 99203, 99213 and 97014] for dates of service 9/18/03 through 11/25/03.

#### DECISION

Reverse denial for therapy visits 9/18/03 through 10/13/03.

Uphold denial 10/22/03 through 11/25/03.

RATIONALE/BASIS FOR DECISION

Using the North American Spine Society (NASS) Clinical Guidelines and the Agency for Health Care Policy and Research (AHCPR) Guidelines, this conservative treatment algorithm should not have continued due to the lack of benefit, and should have been redirected by the ordering physician after twelve visits. Furthermore, according to the Quebec Task Force, *Supplement to Spine*, 1997, this patient did not need continuing passive therapy and passive therapeutic modalities beyond the twelfth visit.