

MDR Tracking Number: M5-03-0280-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 requestor submitted a medical dispute resolution request on 9/17/02 and was received in the Medical Dispute Resolution on. The disputed date of service 9/12/01 is not within the one year jurisdiction in accordance with Rule 133.308(e)(1) and will be excluded from this Finding and Decision.

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 work hardening, special reports, office visits with manipulations, unusual travel, physical performance test, range of motion testing, joint mobilization, myofascial release, physical medicine, analysis date and temperature gradient studies 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 work hardening, special reports, office visits with manipulations, unusual travel, physical performance test, range of motion testing, joint mobilization, myofascial release, physical medicine, analysis date and temperature gradient study fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 9/17/01 to 3/18/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 18th day of March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

January 28, 2003

Re: Medical Dispute Resolution
MDR #: M5.03.0280.01

Revised March 14, 2003

Dear

___ 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.

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 Chiropractic Medicine.

Clinical History:

This male suffered a left medial collateral ligament sprain/strain and left ankle/foot stiffness following an on-the-job injury on ____. He was treated conservatively with passive therapies. On 06/20/01 the patient was placed on work hardening, but was withdrawn due to complaints of non-compliance.

In August 2001 an MRI was recommended, but no indication was found that it was completed. Following a functional capacity evaluation on 09/11/01, the patient entered another work hardening program. This FCE indicated that he did not meet the required medium-to-heavy PDL of his work requirements. He continued in this program in various forms of activity and some passive therapies through 03/18/02. No final report giving the outcome of his treatment was provided.

Disputed Services:

Various treatments, programs and procedures provided from 09/17/01 thru 03/18/02 as follows:

Work Hardening, Special Reports, Office Visits with Manipulations, Unusual Travel, Physical Performance Tests, Range of Motion Tests, Joint Mobilization, Myofascial Release, Physical Medicine, Analysis Data, Temperature Gradient Study.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the services and treatments in question were not medically necessary in this case.

Rationale for Decision:

There is inadequate documentation for determination of the extent of the knee and ankle injury, as well as the progress of the improvement or lack of improvement during the course of care. The initial diagnosis was medial collateral ligament sprain/strain of the left knee and stiffness of the left ankle. Later, the diagnosis changed to medial and lateral meniscus injury, but there are no indicated diagnostic tests that substantiate that level of injury.

Established guidelines exist stating that if a patient does not improve with normal conservative methods, then a multi-disciplinary approach is taken to help solve the patient's problem and substantiate the care given. There is no documentation that specialists, such as an orthopedist, were consulted in order to assist with the treatment or recommendations. Typically, treatment beyond three months is not indicated for passive therapies, and more aggressive activity therapies need appropriate documentation as to the need, goals and progress, which was not adequately documented in this case.

It is widely accepted that outcome evidence-based assessment tools be utilized to help determine the progress and recovery from an injury. There were no outcome assessment tools identified for the injury sustained in this case.

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.

Sincerely,