

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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

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 therapies (therapeutic procedures, electrical stimulation and diathermy) were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the therapy charges.

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 4/29/02 through 5/8/02 in this dispute and IRO fee.

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 19th day of November 2002.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

November 15, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M5 03 0345 01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Orthopedic Surgery. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ is a 48 year old woman who injured both knees on \_\_\_ when she tripped and fell while at work. The patient underwent physical therapy to both knees. Physical therapy included ice packs, electrical stimulation/ultrasound, and therapeutic exercises. On April 2, 2002 the patient was seen by \_\_\_ at \_\_\_. It was his opinion that the patient had a left knee medial meniscal tear and a contusion of the left knee. A MRI of the left knee was performed on April 4, 2002. There was signal intensity on the posterior horn of the medial meniscus consistent with a possible medial meniscal tear versus degeneration. No frank tear could be determined by MRI. On June 11, 2002, \_\_\_ notes that the patient has persistent left thigh atrophy with apprehension sign and patellofemoral subluxation. He recommended arthroscopic intervention. On July 11, 2002 the patient underwent a left knee arthroscopy with a lateral release of the left patella, resection of the lateral meniscus tear and abrasion chondroplasty of the left medial femoral condyle. This was performed by \_\_\_.

There are copies of two peer reviews by carrier selected doctors \_\_\_ and \_\_\_.

## DISPUTED SERVICES

The carrier disputed the medical necessity of therapeutic procedures, electrical stimulation and diathermy.

## DECISION

The reviewer disagrees with the prior adverse determination.

## BASIS FOR THE DECISION

It is the opinion of the reviewer that the PT rendered to this patient is reasonable and necessary in this patient's care. The MRI of the left knee had "soft" findings. There was no specific medial meniscus tear. In light of this MRI, conservative treatment would be warranted for this length of time. Once the patient failed a 3 month PT program then a diagnostic arthroscopy as performed by \_\_\_ would be reasonable and necessary. It is not unusual for a patient to undergo 17 PT sessions for a 2 month period of time for non-specific trauma to an injured knee.

As an officer of \_\_\_, \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,