

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-2718.M5

MDR Tracking Number: M5-03-0528-01

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 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 disputed therapeutic procedures, therapeutic activities, application of a modality and neuromuscular re-education were found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Finding and Decision is hereby issued this 12th day of February 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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 date of service 2/25/02 through 4/24/02.

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 12th day of February 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/nlb

Fax 512/218-1395

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 4, 2003

Re: IRO Case # M5-03-0528-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 22-year-old male who was injured on ___ when he tripped over an irrigation hose while walking over uneven terrain. He sustained an injury to his left knee. An MRI showed a tear of the lateral meniscus and the anterior cruciate ligament. He underwent a left knee partial meniscectomy and anterior cruciate ligament reconstruction on 1/7/02. The patient was then started on a post operative physical therapy program. Following post op therapy the patient entered into a work conditioning program. At the conclusion of the work conditioning program the patient was able to return to work as a construction worker without any restrictions.

Requested Service

Post operative physical therapy program 2/25/02 – 4/2/02

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rationale

The post operative physical therapy program was necessary to improve the patient's range of motion, strength and function in his lower extremity. According to the Letter of Medical Necessity, the patient completed approximately 30 physical therapy treatments post op. This is not an excessive number of treatments given the type of work that the patient does. The patient is in a heavy demand level job that requires him to walk on uneven terrain, climb ladders, and stoop and kneel while carrying heavy objects in his arms. This requires a maximum amount of strength, balance, range of motion and flexibility in the lower extremities to accomplish these tasks. Therefore, the physical therapy treatments for the post op program were medically necessary and appropriate.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,