

MDR Tracking Number: M5-03-0767-01

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 \$460.00** 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 Chiropractic Services provided were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for Chiropractic Services charges.

This Finding and Decision is hereby issued this 8th day of May 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

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 04/29/02 through 10/01/02 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 Order is hereby issued this 8th day May 2003.

Judy Bruce, Director
Medical Review Division

JB/jb

NOTICE OF INDEPENDENT REVIEW DECISION

February 27, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0767-01
IRO Certificate #: IRO 4326

The ___ 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 ___ 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 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 care. ___ 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 ___ 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 44 year old male sustained a work related injury on ___ when he slipped and fell approximately 4 feet into a hole, which caused both of his feet to slip underneath a pipe in the fall. The patient came to rest with his knees and his body forward over the pipe. The patient underwent four surgeries to the left knee, which included a medial meniscectomy and debridement of chondromalacia of the medial condyle on 01/21/00, an arthroscopy on 07/13/00, a tibial osteotomy on 02/14/01, and a total knee replacement on 10/17/02. The patient also had surgery of the right knee, which consisted of a repair of a bucket-handle tear over the medial meniscus on 01/08/02. The patient has undergone a course of invasive and conservative therapeutic applications that have included: work hardening,

work conditioning, physical therapy, medications, bracing, chiropractic, passive modalities, and aquatic rehabilitation.

Requested Service(s)

Chiropractic services provided from 04/29/02 through 10/01/02

Decision

It is determined that the chiropractic services provided from 04/29/02 through 10/01/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The services rendered from 04/29/02 through 10/01/02 were medically necessary due to the obvious instability noted over the patient's right and left lower quarter. An aquatic based rehabilitation program is not a passive modality, it is rehabilitation and it makes no difference what specialty performs these applications, as long as the individual is qualified. The appropriate management of this patient was with a multidisciplinary environment as provided by the chiropractor.

Aquatic based applications were a vital part of this patient's treatment plan. The patient was in a cycle of rehabilitation and surgery that commenced on 01/21/00 and culminated with a total knee replacement on 10/17/02. The patient underwent four surgeries to the left knee and one surgery to the right knee. The vast amount surgical intervention, vast degree of degenerative processes, and vast instability of the patient required the appropriate rehabilitation program. Therefore, the chiropractic care provided from 04/29/02 through 10/01/02 was medically necessary.

Sincerely,