

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 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 outpatient services, including, office visits bloodcount, urinalysis, multichannel test, electrocardiogram 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 outpatient service 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 4/10/02 to 5/23/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 18<sup>th</sup> day of March 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** February 24, 2003

Rosalinda Lopez  
TWCC  
4000 South IH-35, MS-48  
Austin, Texas 78704-7491

**RE: MDR Tracking #:** M5-03-0832-01  
**IRO Certificate #:** 5242

\_\_\_ 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 proposed 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 Family Practice physician reviewer who is board certified in Family Practice. The Family Practice physician reviewer 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**

The claimant had sustained injury while working as a bus driver for \_\_\_ on \_\_\_. \_\_\_ stated that he hurt his right knee and back as he closed the bus hood which got stuck. After the injury, the claimant was initially seen by his family doctor, \_\_\_, and received x-rays, medications, and physical therapy. MRI of lumbar spine done on October 4, 2001 reveals L3-4 moderate lateral spinal stenosis due to a combination of degenerative changes and thickening of the ligamentum flavum. There was also L5-S1 residual changes and Grade I spondylolisthesis and a previous posterolateral spinal fusion at L4-5 and L5-S1. An MRI report of the right knee done on October 4, 2001 revealed degenerative arthrosis, more prominent in the medial aspect, a degenerative tear of the medial meniscus, Grade II-III chondromalacia with chondromalacia of the medial compartment and the patella and slight joint effusion and Baker's cyst.

### **Requested Service(s)**

Review the medical necessity of the outpatient services rendered between 04/10/02 – 05/23/02.

### **Decision**

I agree with the insurance carrier that the services in dispute should be denied, as they were not medically necessary.

### **Rationale/Basis for Decision**

TWCC guidelines and the standard of care require that documentation be provided by the health care provider to establish the level of care to be provided and the necessity for that care. Based upon the review of the medical records provided, there is no documentation to support the medical necessity for lab work or EKG. The claimant injured his right knee and low back on \_\_\_. He also had a history of degenerative joint disease, degenerative disk and spondylosis of the lumbar region with pre-existing post

operative changes from prior L4-S1 discectomy on posterolateral fusion in 1970, arthroscopic medial meniscectomy in 1995 and joint debridement on 12/11/01.

These musculoskeletal conditions do not warrant laboratory evaluations, unless there is evidence of possible autoimmune diseases or other neuromuscular disorders. There is no documentation for such possibilities. The claimant may indeed needs a routine physical examinations including screening lab works, EKG and other preventive medical procedures. However, these tests should be done as part of a medical visit, and not at the expense of worker's compensation system.

This decision by the IRO is deemed to be a TWCC decision and order.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requester and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 24<sup>th</sup> day of February 2003.