

MDR Tracking Number: M5-03-1033-01

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 amount reimbursable for those services found medically necessary are greater than those service found not medically necessary. Therefore, 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 disputed office visits, therapeutic activities and ice massage/cryotherapy were found to be medically necessary. The application of a modality, ultrasound therapy and electrical stimulation were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 4th day of March 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 dates of service 1/25/02 through 4/19/02.

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 5<sup>th</sup> day of March 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

February 27, 2003

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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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. 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

This patient was injured on her job when she slipped and fell on \_\_\_, injuring her left knee when she landed on it. She was diagnosed with a torn medial meniscus and underwent arthroscopic surgery on May 26, 2000 and again on November 11, 2000. The notes of the treating doctor indicate that she underwent two to three months of active treatment after the surgeries. The records and the doctor's explanation of the services rendered are rather difficult to follow after that point. Apparently, it was determined that the patient developed pes anserine bursitis. The reviewer on this case, \_\_\_, opined that the bursitis was not part of the original injury.

## DISPUTED SERVICES

The carrier on this case has denied office visits, therapeutic procedures, modality applications, ultrasound therapy and electrical stimulation from January 25, 2002 through April 19, 2002.

## DECISION

The reviewer disagrees with the prior adverse determination regarding the use of therapeutic activities (97110), the office visit (99213) and ice massage/cryotherapy (97010).

The reviewer agrees with the prior adverse determination of all other treatment rendered.

## BASIS FOR THE DECISION

Per Anserine bursitis is a common occurrence in patients who have tight hamstrings and/or a direct trauma to the knee. The patient in question does fit into the category of a patient who is at high risk for such a condition. The question we are faced with is not whether there is a condition to be treated, but rather what is the appropriate treatment for this condition. According to an article by \_\_\_ and \_\_\_ in e-Medicine, the cause of such a condition is due to an underlying pathology which would cause tight hamstrings, including a meniscus tear as well as the direct trauma. The article indicates that hamstring stretching, as is done in therapeutic exercises, as well as some ice massage, would help alleviate symptoms in 6-8 weeks. Of course, we are not dealing with the standard knee in this case, as it is post-surgical twice. As a result, the time frame is reasonable, but the use of other passive modalities is not indicated through current literature as having a positive effect on this case. Only active treatment and some ice application have been shown to be effective on this syndrome.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy

As an officer of \_\_\_, dba \_\_\_, 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,