

MDR: Tracking Number M5-03-1264-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution-General 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. This dispute was received on 1-21-03.

Date of service 1-18-02 was submitted untimely per above referenced rule and will not be considered in this decision.

The IRO reviewed chiropractic treatment rendered from 2-6-02 through 8-9-02 that were denied based upon "U" and "V".

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(r)(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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On July 29, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The requestor did not submit medical records in accordance with Rule 133.307(g)(3) to support the billed service in accordance with Medical Fee Guideline. Therefore reimbursement for the following dates and codes is not recommended: 2-8-02 codes 97035 and 97110; 5-14-02, 5-22-02, 5-23-02, 5-30-02, 5-31-02, 6-6-02 code 99213.

This Decision is hereby issued this 3<sup>rd</sup> day of November 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

**ORDER.**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 2-8-02 through 8-9-02 in this dispute.

This Order is hereby issued this 3<sup>rd</sup> day of November 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

July 23, 2003

Re: Medical Dispute Resolution  
MDR #: M5-03-1264-01  
IRO Certificate No.: IRO 5055

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

**Clinical History:**

This male claimant injured his left knee and lumbar spine in a work-related accident on \_\_\_. MR imaging of the left knee on 11/19/01 revealed possible patellar tracking abnormality, horizontal fissures of the menisci diffusely, Grade II-III chondromalacia, knee effusion. MR imaging of the lumbar spine showed a diffuse 4.0 mm disc protrusion at the L4-5 disc with fissure, 3.0 mm protrusion in the L5-S1 disc, mild hypertrophy in the L4-5 facts. Invasive surgical procedures were performed over the left knee on 02/19/02.

Epidural steroid injections were advised following evaluation on 12/19/01. Treatment was initiated on 10/10/01. Chiropractic and physical therapy applications were applied from 02/06/02 through 08/09/02, following left knee arthroscopic surgery. On 08/28/02, the patient was placed on MMI and a 15% whole-person impairment rating was assigned by a TWCC Designated Doctor.

**Disputed Services:**

Therapeutic procedures, physical medicine treatment, office visit w/manipulations, myofascial release, joint mobilization, ultrasound therapy, neuromuscular re-education, manual traction, special reports, and data analysis during the period of 02/06/02 through 08/09/02.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services in question were medically necessary in this case.

**Rationale:**

This case is not typical. This patient has lumbar pathology that will slow any progress in any clinical rehabilitation program. In addition, the patient's BMI is approximately 31.9, indicating obesity. Given the mechanism of injury, link of the injured regions in the locomotion chain, obvious patho-mechanics, and obesity, a longer duration of physical therapy applications is warranted.

The aforementioned information has been taken from the following references and clinical practice guidelines:

- Calle, E.E., et al., *BMI and Mortality in a Prospective Cohort of U.S. Adults*, New England Journal of Medicine, 1999; 341:1097-1105.
- *Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patient's II: An Evidence-Based Approach*. J. Back Musculoskeletal Rehabil., 1999; Jan 1, 13:47-58.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,