

MDR Tracking Number: M5-03-1298-01

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 1-27-03.

The IRO reviewed office visits, analysis of information, and physical therapy rendered from 1-21-02 through 10-04-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

The IRO concluded that office visits, analysis of information, and physical therapy rendered from 1-21-02 through 7-25-02, and date of re-evaluation 8-19-02 were medically necessary. The IRO concluded that office visits, analysis of information, and physical therapy rendered from 7-25-02 through 8-19-02 were medically necessary.

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees. 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.

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 June 13, 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 respondent submitted EOB's that indicated that Corvel recommended payment for the fee portion of this dispute.

The requestor did not submit medical records in accordance with Rule 133.307(g)(3); therefore, the fee portion of the dispute is not supported.

This Decision is hereby issued this 3rd 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 1-21-02 through 10-04-02 in this dispute.

This Order is hereby issued this 3rd day of November 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

June 3, 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 #: M5-03-1298-01
IRO Certificate #:IRO4326

___ 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. ___'s 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 patient was walking in the break room on ___ when she slipped on the floor and fell on her right knee and foot. The patient had an MRI on 01/23/02 which revealed a posterior horn medial meniscal tear right knee. The electromyography study was normal. The patient underwent a right knee arthroscopy on 03/26/02 with both medial and lateral meniscectomies. Physical therapy continued post operatively.

Requested Service(s)

Office visits, analysis of information and physical therapy from 01/21/02 through 10/04/02

Decision

It is determined that the office visits, analysis of information and physical therapy from 01/21/02 through 07/25/02, and date of re-evaluation 08/19/02, were medically necessary to treat this patient's condition. However, it is determined that the office visits, analysis of information and physical therapy from 07/26/02 through 10/04/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

According to Maxey and Magnusson in "Rehabilitation for the Post -Operative Orthopedic Patient", rehabilitation for a meniscectomy patient can last up to 11 weeks. Therefore, as post-operative rehabilitation began on 05/08/02, all treatment rendered through 07/25/02 would be considered reasonable and necessary. In regards to the "analysis of data" charges, the actual reviewing of these documents (reports, diagnostic test, etc.) are important to help update the patient's health status and to make changes to treatment plans.

Therefore, it is determined that the office visits, analysis of information and physical therapy from 01/21/02 through 07/25/02, and date of re-evaluation 08/19/02, were medically necessary. However, it is determined that the office visits, analysis of information and physical therapy from 07/26/02 through 10/04/02 were not medically necessary.

Sincerely,