

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(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.

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 office visits, soft tissue and joint mobilization, and therapeutic procedures from 3-20-02 through 4-5-02 were found to be medically necessary. All treatment from 7-22-02 through 8-2-02 was found to be medically necessary. The ultrasound and electrical stimulation treatments from 3-20-02 through 4-3-02 were not found to be medically necessary. The treatment from 8-5-02 through 9-26-02 was not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services charges.

The above Findings and Decision are hereby issued this 13th day of May 2003.

Dee Z. Torres
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 3-20-02 through 9-26-02 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 13th day of May 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 2, 2003

Requester/ Respondent Address: Rosalinda Lopez
TWCC
4000 South IH-35, MS-48
Austin, Texas 78704-7491

RE: MDR Tracking #: M5-03-1392-01
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 chiropractor reviewer. The chiropractor 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

According to the documentation submitted, the case at hand involves a claimant who was injured while on-the-job on ___. Allegedly, the claimant was rising from a seated position on the floor, when she felt pain in her left knee. The claimant began passive chiropractic care under ___ on 12/11/2001. An MRI conducted on 12/21/2001 indicated a left ACL tear. The claimant underwent arthroscopic surgical repair on 01/31/2002. Doctor conducted passive-to-active post-surgical care from 02/11 through 04/08/2002. The claimant was released to work with limitations on 03/22/2002. She underwent 4 weeks of work conditioning during June, 2002, after which, she was apparently doing quite well. The claimant presented to the treating doctor on 07/22/2002 with symptom aggravation after she had walked on the beach on 07/20/2002.

Over the following 6 weeks, the claimant underwent passive care by the treating doctor and did self-icing and stretching at home.

Requested Service(s)

I have been asked to review the medical necessity of the outpatient services rendered from 03/20 – 09/26/2002.

Decision

All office visits, joint and tissue mobilization procedures, and rehabilitation procedures conducted from 03/20 through 04/05/2002 were medically necessary. Ultrasound and electrical stimulation treatments conducted from 03/20 through 04/03/2002 were not medically necessary. The six outpatient treatments conducted by the treating doctor from 07/22 through 08/02/2002 were within accepted standards of medical necessity. Outpatient treatments beyond 08/02/2002 were not medically necessary.

Rationale/Basis for Decision

In his Subsequent Medical Report dated 03/19/2002, the treating doctor presented good, objective rationale for continued rehabilitation. However, the use of passive modalities (ultrasound and electrical stimulation) beyond 4 weeks post-injury (or post-surgery) is not within current and accepted standards of care.

Up until the symptomatic flare-up on 07/20/2002, the documentation indicates that the treating doctor was prudently weaning the claimant from care on to a self-based program. Based on the compensable injury and the subsequent surgery, the occurrence of the exacerbation on 07/20/2002 appears to be appropriately related to the compensable injury. Two weeks of passive care following the exacerbation are within good reason and necessity, but there is no objective documentation in the presented materials that justifies the passive care that was rendered to the claimant beyond 08/02/2002.

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

<p>In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 2nd day of April 2003.</p>
