

MDR Tracking Number: M5-03-1424-01

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 **or January 1, 2003** 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 the office visits and the physical therapy sessions 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 the medical necessity 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 10-2-02 through 11-14-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12th day of May 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

April 30, 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 #: M5-03-1424-01
IRO Certificate #: IRO 4326

The ___ 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. ___ 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 sustained a work-related injury on ___ when she was carrying a case of oranges, twisted her body, and struck her left knee on a metal workstation. The patient underwent arthroscopic surgery to the left knee on 8/04/99 and a repeat left knee surgery on 06/14/02. An MRI dated 11/03/01 revealed a tear of the posterior horn of the medial meniscus associated with mild to moderate left knee joint effusion. In addition, it revealed moderate osteoarthritis with joint space narrowing and osteophytes off the femur and tibia. The patient was under the care of a chiropractor and from 10/02/02 to 11/01/02, the patient had both office visits and physical therapy.

Requested Service(s)

The services requested were the office visits and physical therapy provided from 10/02/02 through 11/14/02.

Decision

It is determined that the requested office visits and physical therapy provided from 10/02/02 through 11/14/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Ongoing conservative/chiropractic care is not supported within the documentation for the specific dates listed above. From a prospective standpoint, this patient had completed an exhaustive course of physical medicine as of 10/02/02 including aquatic exercises and other passive and active components of conservative care. It is not evident that at that time the patient was adequately responding to that course of care afforded to her. Specifically, despite the comprehensive course of care, it was apparent that subjective pain levels and ranges of motion were remaining approximately the same. Additionally, the documentation indicates varying knee flexion range of motion (ROM) values of 130 to 140 with no indication of consistent improvement. Although there is argument that the patient's therapeutic exercises increased in weight, this is not a standard measure of improvement but rather the increased application of resistance or weight.

Retrospectively, the documentation does not support ongoing care as subjective pain levels, according to the documentation, have remained at moderate values of 6/10 and on one instance 5/10. Additionally, it is not evident that ranges of motion were being increased by the comprehensive course of physical medicine being offered this patient. The stated values remained more or less at 130 to 135 and on one instance 140 degrees of flexion of the left knee.

Therefore, the office visits and physical therapy provided from 10/02/02 through 11/14/02 were not medically necessary.

Sincerely,