

MDR Tracking Number: M5-03-1466-01

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 Medical Review Division has reviewed the IRO decision and determined, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of 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.

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 physical therapy from 2/13/02 through 2/22/02 and 5/29/02 through 6/5/02 was found to be medically necessary. The physical therapy rendered from 2/25/02 through 4/11/02 and 6/6/02 through 8/8/02 was not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these physical therapy charges.

This Finding and Decision is hereby issued this 5th day of June 2003.

Carol R. Lawrence
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 2/13/02 through 8/8/02 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 5th day of June 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

June 3, 2003

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Re: **REVISION – DATES OF SERVICE - 06/06/02 – 08/08/02**

Medical Dispute Resolution
MDR #: M5-03-1466-01
IRO Certificate No.: 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:

The patient is a 36-year-old female who injured her right knee joint on ___ when she was descending down a ladder and turned and twisted her knee and felt a pop in the right knee. She had arthroscopic surgery to the right knee on 04/19/02 and began therapy again after the surgery.

Disputed Services:

Physical therapy from 02/13/02 through 08/08/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier in this case. Physical therapy from 02/13/02 through 02/22/02 and from 05/29/02 through 06/05/02 was medically necessary. Physical therapy from 02/25/02 through 04/11/02 and 06/06/02 through 08/08/02 was not medically necessary.

Rationale:

Six weeks of physical therapy was medically necessary and appropriate before surgery as this type injury takes six to eight weeks for recovery. Two weeks of care was medically necessary and appropriate after surgery in order to alleviate and rehabilitate her knee condition and to give instruction for at-home exercises.

The patient's failure to improve after six-weeks of physical therapy was an indication of the need to be referred to an orthopedic physician. On 2/15/02 a MRI report showed she was a good candidate for orthopedic

surgery, indicating there was torn cartilage in the meniscus, and if the patient was not responding to the treatment being given at that point, treatment should have consisted of more types of at home treatment to help alleviate pain until the surgery could be performed. After surgery two weeks of physical therapy was medically necessary and appropriate.

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,