

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-3625.M5**

MDR Tracking Number: M5-03-1541-01

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. Dates of service 1-11-02 through 1-25-02 are over one year old and not eligible for review. The IRO agrees with the previous determination that 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 1-27-02 through 7-19-02 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**

**Date:** April 10, 2003

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

**RE: MDR Tracking #:** M5 -03-1541-01  
**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 an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery. The Orthopedic Surgeon physician 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**

The claimant sustained a left knee injury on \_\_\_\_. He had arthroscopy of his left knee on 12/7/01. He had a bucket handle tear of his medial meniscus and underwent a partial medial meniscectomy. Postoperatively he was referred to physical therapy on 12/20/01. He had 8 visits from 12/20/01 to 1/11/02 fully approved. Subsequently, he had an additional 20 visits through 3/7/02 that were approved for 15 minutes of supervised therapeutic exercise for a total of 28 visits. On the initial evaluation he had 0-140 degrees motion in the right knee and -3-130 degrees motion in the left knee. Strength was 5/5 on the right and 4/5 on the left. The right quadriceps measured 45 cm. and the left 43. The right calf was 37.0 and the left 34.0.

### **Requested Service(s)**

Additional physical therapy through 7/19/02 and additional exercise time under supervision from 1/11/02-3/7/02.

### **Decision**

I agree with insurer that additional services were not medically necessary.

### **Rationale/Basis for Decision**

This gentleman had 28 physical therapy sessions approved. The first eight visits were more extensive; the subsequent 20 visits were approved for 15 minutes of supervised exercise and range of motion. He had only a ten degree motion loss and 4/5 strength in his left quadriceps on his initial visit. The 28 physical therapy visits should be more than adequate to restore function from his baseline level. Additional therapy after 3/7/02 was clearly excessive. Physical therapy following arthroscopic meniscectomy should be able to restore full function within 4-6 weeks in uncomplicated cases such as the one above.

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

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 13 <sup>th</sup> day of May 2003.
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