

MDR Tracking Number: M5-03-1547-01

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 (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, physical therapy and work hardening 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 office visits, physical therapy and work hardening 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 1/18/02 to 9/26/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of June 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 29, 2003

Re: IRO Case # M5-03-1547

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas, and who also is a Certified Strength and Conditioning Specialist. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured his left knee on ___ when he stepped on a partially opened manhole cover and fell into the hole. He began treatment on 6/12/01. An examination on 7/26/01 revealed that the patient had a torn meniscus and quadriceps atrophy, and arthroscopic surgery and rehabilitation were recommended. Surgery was performed on 9/12/01, and rehabilitation began on 9/26/01 and continued through 12/19/01. Preauthorization for 18 more sessions was preauthorized on 12/12/01.

Requested Service(s)

Office visits, physical therapy, work hardening 1/18/02-9/26/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The patient received extensive chiropractic treatment and rehabilitation both pre and post operatively prior to the dates in dispute with poor results. The patient should have been able to return to work six to eight weeks post-op if treatment and rehabilitation with appropriately administered treatment. The patient received some seventy postoperative therapy visits with little documented relief of his symptoms or functional improvement. Based on the documentation presented for this review, the patient should have been MMI by the end of December 2001. A 1.5cm deficit in thigh circumference and mild pain, as documented, is hardly reason for continued treatment during the period in dispute. It is very possible that this minimal 1.5cm deficit was preexisting and was a normal variant prior to the injury. Surgeries of the kind the patient had respond very well to a home-based strength and conditioning program without chiropractic treatment. It is not clear that the treating chiropractor instructed the patient on a home-based program. If he did, it is not

clear that the patient was dedicated to improving his condition on his own. The patient should have been able to return to work three to four months post-operatively even with this minimal 1.5cm deficit and mild pain. The documentation of the patient's chronic care does not show measurable or objective improvement, and does not indicate that care was provided in the least intensive appropriate setting.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,