

MDR Tracking Number: M5-03-1717-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General 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. This dispute was received on 03-17-03. In accordance with Rule 133.307(d)(1) A dispute on a carrier shall be considered timely if it is filed with the division no later than one year after the dates of service in dispute therefore dates of service 03-11-02 through 03-14-02 in dispute are considered untimely and will not be address in this review.

The IRO reviewed therapeutic procedures and office visits rendered from 03-20-02 through 03-28-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for therapeutic procedures and office visits. 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 only issue** to be resolved.

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 03-20-02 through 03-28-02 in this dispute.

This Decision is hereby issued this 23rd day of March 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

May 21, 2003

Re: MDR #: M5-03-1717-01

___ 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:

This female claimant injured her right knee in a work-related incident on ____. Treatment was initiated on 07/30/01. MRI of the right knee on 08/15/01 indicated no evidence of meniscal tear or ligamentous damage. Surgical applications to the right knee on 11/06/01 included a surgical arthroscopy, partial lateral meniscectomy and a chondroplasty with lateral retinacular release.

A Functional Capacity Evaluation on 04/11/02 indicated a work hardening program might be appropriate. On 06/06/02, an impairment evaluation placed the patient at maximum medical improvement (MMI) and assigned a 1% whole-body impairment.

Disputed Services:

Therapeutic procedures, office visits, and hot/cold packs during the period of 03/20/02 through 03/28/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that these office visits and treatments were medically necessary in this case.

Rationale:

The patient sustained a knee injury that failed conservative treatment. Surgical applications were applied on 11/06/01. The patient was engaging in post-

operative therapeutics. The implementation of passive therapy was utilized to implement greater active, patient-driven therapeutics.

An FCE on 04/11/02 indicated the patient was a candidate for a return-to-work program like work hardening. Therapeutics rendered should follow a multi-disciplinary directive.

Clinical References:

- *A.A.O.S. Clinical Guideline on Knee Injury: Support Document.* American Academy of Orthopedic Surgeons, 2001, 6 p.
- *Criteria for Knee Surgery.* Washington State Department of Labor and Industries, 1999, Jun, 1 p.
- *Knee Pain or Swelling: Acute or Chronic.* University of Michigan Health System, 2002, Aug., 13 p.

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,