

MDR Tracking Number: M5-03-1835-01

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 that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(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 the only issue** to be resolved. The office visits, knee x-ray, physical therapy sessions, range of motion, muscle testing, physical performance testing and neurological junction testing were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits, knee x-ray, physical therapy sessions, range of motion, muscle testing, physical performance testing and neurological junction testing charges.

This Finding and Decision is hereby issued this 30th day of May 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 9/27/02 through 11/18/02 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 30th day of May 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/cl

NOTICE OF INDEPENDENT REVIEW DECISION

May 28, 2003

MDR Tracking #: M5-03-1835-01
IRO Certificate #: IRO4326

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. ___'s 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 was injured ___ at work when a pallet struck her left knee. An MRI revealed a tear of the lateral meniscus. After conservative measures of physical therapy and steroid injections, she had arthroscopic surgery on 3/02/02. Post-operatively she still reported knee pain especially when walking or climbing stairs. She started seeing a chiropractor for therapy.

Requested Service(s)

Office visits, knee x-ray, physical therapy sessions, range of motion, muscle testing, physical performance testing and neurological junction testing from 09/27/02 through 11/18/02

Decision

It is determined that the office visits, knee x-ray, physical therapy sessions, range of motion, muscle testing, physical performance testing and neurological junction testing from 09/27/02 through 11/18/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has clearly been unable to retain her current level of employment and has entered into an additional course of physical therapy that will be followed by a return-to-work program like work hardening. Failure of the patient, with prior physical therapy applications, is not relevant to the decision to implement a controlled trial of physical therapy. In addition, the designated doctor evaluation (DDE) on 01/07/03 does not place the patient at maximum medical improvement/impairment (MMI) until 03/21/03, upon the completion of a return-to-work (RTW) program like work hardening. It is not realistic to determine that the patient could be expected to immediately perform at the level of function necessary for a RTW program given her failure to maintain her current job functioning level. Therefore, it is determined that the office visits, knee x-ray, physical therapy sessions, range of motion, muscle testing, physical performance testing and neurological junction testing from 09/27/02 through 11/18/02 were medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- American Academy of Orthopedic Surgeons (AAOS) clinical guideline on knee injury: support document. American Academy of Orthopedic Surgeons; 2001. 6 p.
- Clinical practice guidelines for chronic, non-malignant pain syndrome patients II: an evidence-based approach. J Back Musculoskeletal Rehabil 1999 Jan 1; 13; 47-58.
- Ottawa knee rule for knee injury radiography. Ottawa Health Research Institute at the Ottawa Hospital; 1999 Jan,
- University of Michigan Health System. Knee pain or swelling: acute or chronic. Ann Arbor (MI): University of Michigan Health System; Aug. 13 p.

Sincerely,