

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 services rendered from 6/20/02 through 6/30/02 and office visits and required reports from 7/1/02 through 7/30/02 were found to be medically necessary. The therapy rendered from 7/1/02 through 7/30/02 was not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services rendered from 6/20/02 through 6/30/02 and office visits and required reports from 7/1/02 through 7/30/02 charges.

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 through 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 12th day of June 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division
CRL/cl

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 4, 2003

RE: MDR Tracking #: M5-03-1908-01
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 a Chiropractic physician reviewer. The Chiropractic 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

According to the documentation supplied, it appears that the claimant injured his lower back, left knee, left hip and left shoulder while at work on ____. The claimant was walking and slipped on a wet floor. The claimant was taken to the hospital where it was determined that he had a fractured and dislocated shoulder. ___ performed surgery on the claimant on 04/22/2002 to repair his patella. The claimant reported to ___ on 05/08/2002 for evaluation. Chiropractic therapy began on 05/30/2002 on the claimant and included aquatic therapy and massage. The claimant has continued treatment to the present with ___.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including the office visits, required reports and physical therapy rendered between 06/20/2002 through 07/30/2002.

Decision

I disagree with the insurance company and agree with the treating doctor that the services rendered from 06/20/2002 through 06/30/2002 were medically necessary. I also agree that the office visits and required reports were necessary from 07/01/2002 through 07/30/2002. I agree with the insurance company that the therapy rendered between 07/01/2002 through 07/30/2002 was not medically necessary.

Rationale/Basis for Decision

The claimant sustained a fracture in his left patella from his ___ work injury that caused him to have surgery. After the surgeon consents to the therapy being performed, it is medically necessary to rehabilitate this claimant's knee. In review of the documentation, there were no notes from ___ stating when the claimant should begin therapy so it is assumed that there was verbal communication between the treating doctors on when the claimant should have received care. The documentation states that the therapy began on 05/30/2002. The treatment should have consisted of a 4-week trial of aquatic therapy, thus being completed around 06/30/2002. The treatment beyond this date should have been moved to more of an active level focusing on strength improvement and being under the direct supervision of the treating surgeon.

The office visits and required reports would be necessary during the entire disputed time to allow the claimant to be monitored and referred as needed.