

MDR Tracking Number: M5-03-2034-01

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 visit was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visit 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 date of service 1/23/03 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 June 2003.

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

NOTICE OF INDEPENDENT REVIEW DECISION

June 20, 2003

RE: MDR Tracking #: M5-03-2034-01
IRO Certificate #: IRO4326

___ 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 ___ when he slipped on some grease and twisted his right knee. He subsequently underwent arthroscopic surgery on 05/18/00. The patient continued to complain of on-going pain and saw a chiropractor on 08/02/00. He was started on a course of physical therapy and joint mobilization. An MRI from 09/14/00 revealed moderate joint effusion and chondromalacia without ligament or meniscal injury.

Requested Service(s)

Office visit rendered on 01/23/03

Decision

It is determined that the office visit rendered on 01/23/03 was medically necessary to treat this patient's condition.

Rationale/Basis for Decision

It is vital in the management of a patient's medical care, with suspected sympathetic mediated pain, that the treating provider monitor the patient's functional progress and symptomology.

The injured worker was advised in the 01/23/03 evaluation that continued treatment would be multidisciplinary in nature and require the opinion of the pain management specialist. The provider's recommendations are based upon the continued pain levels that ___ suffers in his daily life.

The provider needs to follow up with a patient regarding continued pain and /or dysfunction and advise the patient on care available. This is standard practice for a treating provider. Therefore, it is determined that the office visit rendered on 01/23/03 was 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.
- Knee pain or swelling: acute or chronic. Ann Arbor (MI): University of Michigan Health System; Aug. 13 p.

Sincerely,