

MDR: Tracking Number M5-03-2058-01

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, 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 office visits on 4/25/02, 6/20/02, 9/16/02, 10/28/02 and 12/19/02 were found to be medically necessary. All other treatment/services (physical therapy and supplies) rendered were not 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 dates of service 4/25/02 through 12/19/02 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 25th day of July 2003.

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

July 23, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2058-01
IRO Certificate No.: IRO 5055

___ 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 ankle and left knee on in a work-related accident. She was treated in the emergency room for her acute symptoms. Over the next 25 months, she received a variety of conservative care until surgery was performed on 05/10/02. Afterwards, she completed a course of physical therapy that had only a moderate effect on her condition. She was then given a compression bandage and home stretches. She was released to light duty and p.r.n. on 12/19/02.

Disputed Services:

Office visits, physical therapy and special supplies during the period of 04/25/02 through 12/19/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier as follows:

Office visits on 04/25/02, 06/20/02, 09/16/02, 10/28/02, and 12/19/02 were medically necessary.

Physical therapy between 08/07/02 and 09/06/02 was not medically necessary.

Special supplies (99070) on 12/19/02 were not medically necessary.

Rationale:

The patient received a broad variety of treatment from the date of injury until her surgery over two years later. Six weeks after the surgical correction, she began supervised exercise rehab. The patient was reaching the end of the repair phase and entering the remodeling phase at this time. She participated in over two months of rehabilitation.

Two-week trials of care are recommended to suggest effectiveness of rehabilitation. During the first five weeks of exercise rehab, the patient regained mobility, some flexibility, and was able to start a home exercise program of walking. The records provided for review indicate the patient was at maximum therapeutic benefit on 08/02/02, for the supervised exercise rehab. The office visit on 04/25/02 was necessary prior to surgery on 05/24/02. The office visits on 09/16/02, 10/28/02, and 12/19/02 following the rehab were reasonable and necessary for a treating doctor following up on the status of a patient under his management. No description of the "special supplies" was found in the notes, indicating that they were not medically necessary.

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,